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J. J. LAWRENCE, A. M., M. D.,
EDITOR AND PROPRIETOR,
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J. J. LAWRENCE, A. M., M. D., Editor and Proprietor.

Office, cor. 8th and Olive Streets, St. Louis, Mo.

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[For the Brief.]

CHLORAL HYDRATE IN DYSENTERY.

EDITOR MEDICAL BRIEF:—I wish to call the attention of your readers to the great value of hydrate of chloral in dysentery. I do not know who was the originator of the treatment, but he is entitled to the everlasting gratitude of the medical profession for his discovery. Some three years ago some one, I think on the Pacific coast, called attention to it as an injection in this troublesome disease. I was called to see Mr. H——, aged thirty years, who had had dysentery for nearly a week; for forty-eight hours previous he had five actions an hour—no rest day or night. He was very much exhausted; was a good subject for the undertaker. I injected thirty grains of chloral hydrate in two ounces of water into the rectum, and held it there by pressure against the arms for thirty minutes. At the end of that time he went to sleep and slept for one hour. His bowels then moved; action bloody and muco-purulent. I repeated the injection, and he retained it without any difficulty, and kept it for three hours. I had a third given, and he retained it for twelve hours. At the end of that time all blood and mucus had disappeared, and the dysenteric symptoms had subsided. I then gave him plenty of quinine and morphine *pro re nata*, and in three days discharged him cured. Since that time I have used it in many cases with invariable success in relieving the inflammation of the bowels in from twenty-four to forty-eight hours. In the summer complaint of children with or without dysenteric symptoms five grains in an ounce of water thrown

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into the rectum has a magical effect. Directions—Throw the injections as far into the rectum as possible; have a folded cloth and press against the arms to prevent the return of the injection for fifteen or twenty minutes; by that time the bowel will have absorbed most of the chloral and will be quiet. Repeat, if necessary, every three or four hours, until success crowns your efforts. If you fail the first time, try, try again. I regard chloral as the great local inflammatory remedy.

Caseyville, Ky. D. M. BARKLEY, M. D.

[For the Brief.]

TRACHOMA AND CONSEQUENCES, NO. 4.

BY W. HENRY KIMBERLIN M. D.,
Surgeon Kansas City Eye and Ear Infirmary.

EDITOR MEDICAL BRIEF:—Our therapeutics have been enriched by the recent addition of pilocarpin and homatropin. They act more promptly, and the mydratic effect passes away more quickly than sulph. atropia or dubosia; hence, are especially valuable in opthalmyscopic examinations and in determining errors of refraction.

Eutropion, when existing as a consequence of trachoma or escarotic treatment, must be corrected by a surgical operation. It is recommended by high authority to excise a crescentic fold of the integument of the lid, and also some of the muscle and tarsal. I have operated by a modified and much less painful way on some seventy cases with entirely satisfactory results, viz: Seize just a sufficient fold of the integument of the upper lid with the eutropion forceps to fully correct the inversion; screw down the forcep blades, and with scissors excise the fold, the lower line close to tarsal cilia. If the outer canthus is grown up greatly, lessening the palprebral fissure, it should be divided freely. Now pierce the needle through the face clear under or in front of the eyelashes and up under and out through the up cut edge of the integument. I generally place first suture in center. If patients spasmodically close lids, it will be necessary to seize the tarsal edge with forceps and raise it out from eyeball so as to pierce the needle far enough below cilia; three and four sutures are sufficient; cut them off three inches long. The central one can be used to draw the lid out and up to render it more convenient in passing the others. In tying draw freely on the lower thread, so as to bring the edge of lid well out and up. Stretch them tightly up over the eyebrow against the forehead; secure them in this position with adhesive strips, placing the first one below and over he remaining cilia, bending them upward; better plaster over threads clean up to hair on forehead and hold until dry, so lid is firmly fixed; in this restored position add no dressing but a light bandage; third to fifth day soak plasters off and carefully remove sutures. Carefully train the cilia upward and bend lid back on itself daily for weeks. If zerosis or cicatricial condition exist

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great benefit will generally follow slight scarification, just so blood oozes out of incisions twice a week will in a few weeks be followed by a moist velvety neoplasion or new conjunctoid structure. Manipulating and bending the lids tends to soften them and overcome the hard thickening making it possible for the levator and orbicularis muscles to again perform their functions. To have success be strict in carrying out the details, viz:

First—Remove integument close to base of cilia.

Second—Insert the suture in front of cilia near lower edge of tarsal, that in tying it will be transfixed upward and outward.

Third—Leave sutures three inches long; draw them tightly up over eyebrow and fix with collodion or adhesive strips against forehead until tarsal edge of eyelid is retained in this restored or transfixed position by the new adhesion, which is most always by first intention.

Opacity of cornea is oftimes a consequence of trachoma. The well-established rule that where the opacity has permeating is red corpuscle-carrying-vessels, we are safe in a favorable prognosis, for this vascularity will prove the avenues through which resorption is possible—i. e., in insterstitial opacity, and the same will apply as to a partial clearing away the opaque substance in cicritial opacity. resulting from structural loss or change. Much time is mostly necessary to accomplish the greatest good. When an opacity is white, bluish, glossy, even in color, and the object glass reveals no vessels either reach out through the surrounding transparent corneal tissue or passing over or through the opacity. It is very doubtful if we can re-establish sufficient circulation to absorb it. Atropia, eserine, dubosia influence the circulation. Vaseline and hydrg. ungt., and pulv. alba.

R. Calomel (pure English).....
Sacch. Alba.....
M. Sig.: Mix it well. Dust on corneal opacity.

And ungent idoform:

R. Iodoform..... ..2 grains.
Vaseline.....1 ounce.
M. Ft. Ungt. Put a little in eye.

Acts as absorbents and alternated as indications may require, will clear away many old inveterate corneal opacities.

ERRATA.—In communication No. 3, page 636, eighth line "blephante" should read "blepharitis." Page 637 "cadnu sulph." should read "cadmii. sulph."

[For the Brief.]

LOSS OF SEMEN.

EDITOR MEDICAL BRIEF:—I would like to ask through the BRIEF if there is any medicine that will stop the escape of semen with the urine. If so, what is it? Also, if a man is ever impotent if he has erections on awaking in the morning. J. HASS, M. D.

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[For the Brief.]

REMARKABLE CURE OF ACNE ROSACEA.

(A Tribute to Dr. Goss.)

EDITOR MEDICAL BRIEF:—I wish to report a remarkable cure of chronic acne rosacea. A lady, age 31, had prolapsus uteri of fifteen years' standing, accompanied with severe congestion and enlargement, and an acrid discharge after menstruating that caused aggravated pruritis. Menses regular, but scanty and painful. Always had severe nasal catarrh and at times catarrh of the womb and stomach. She said drinking coffee would always bring on the gastric catarrh, after a few days' use. She had weak pulse and flabby muscles; was not excitable and irritable, but I think her self-possession was owing to her strong will-power and mental discipline. The renal secretions were red, sometimes containing "brick-dust" deposits, and sometimes milky and contained mucus, indicating catarrh of the bladder. The bowels were badly constipated when not carefully watched and regulated by proper diet. Did not have much pain except in the womb, and occasionally severe pain in the back of the head just below the occipital protuberance. For several years this lady has had an intense redness of the nose, it being badly swollen, and the skin tense and shining. Ecchymosis had resulted from capillary congestion, and the organ was covered with a plexus of large bloodvessels looking like scarlet threads running under the skin. Pustular eruptions were usually present on the nose and around the mouth. They appeared nowhere else. Patient also had alopecia. She had been treated by eminent dermatologists in New York, and by able physicians in different parts of the country, and all the while grew worse. The right remedy had not yet been tried. They had treated her face and uterus locally; had given her all sorts of tonics, blood purifiers, etc.; in fact, several apothecary shops had been emptied down this woman's throat.

In sheer desperation, I burnt her nose over thoroughly with acid nit. mercury, and applied a wash made of prickly-ash bark until it healed. When the scabs came off the ecchymosis was gone; the skin was white; no scars remained, and the counter-irritation had removed the inflammation from the interior membranes. But the ax was not laid at the foot of the tree. In a very short time the disease came on again, redness and ecchymosis from congestion appeared. I had just subscribed for the BRIEF, and seeing Dr. I. J. M. Goss's articles, wrote to him for a prescription, meanwhile gave the fl. ex. turkey corn as an alterative. He recommended the fl. ex. helonias dioica, tr. xanthoxyl, and tr. gelsem. as a uterine laxative during catamenia. I associated the first two with the corydalis, and directed her to use pulv. borax as a snuff to relieve the nasal catarrh. In a few days the urine became "almost as clear as water," the uterine discharge ceased, the nasal swelling subsided, and in two months all traces of the acne had disappeared. She continued this simple treatment about six months, with occasional intermissions, and although a year has gone by there is no return of the disease.

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There is still a slight uterine enlargement and some pain in menstruating, but it does not seem to affect the general health of the patient. The acrid discharges do not return, and the renal secretions remain clear.

I must add, the cure was a surprise to me and my patient. The helonias is worth its weight in gold. I have since used it for kidney complaints and in debilitated conditions of the sexual organs, and it has not failed in a single case. Don't be deceived in the article. It is the false unicorn root, and most druggists substitute in its place the aletris, or true unicorn root. I have used both during the last few months, and find one does not "answer as well as the other;" indeed, I use the helonias altogether, with great success, when indicated.

Syracuse, N. Y. MRS. H. T. BENNETT, M. D.

[For the Brief.]

THE "MAD-STONE"—ANSWER TO DR. HOLLIDAY.

EDITOR MEDICAL BRIEF:—The correct name of the mad-stone is "Bezoar," which is also one of the relics of the ignorant and superstitious times of the dark ages. Wonderful virtues were ascribed to it—no poison and no eruptive, pestilential, or putrid disease could resists its influence. It ranks with the ridiculous "Influence of maternal emotions," with this difference that it has a real existence, while the other is but a phantasm. The mad-stone is sometimes found on the intestine of the horse and graminivorous ruminating quadrupeds, and is a calculous concretion, consisting of phosphate of lime, or magnesia, of various sizes and irregular form; is covered by a close, impervious membrane, and has a great many canaliculi (similar to sponge) running from the periphery towards the center. When first used a portion of the covering membrane must be removed to give access to interstices; the stone is then dipped in very warm water (which rarifies the air in the canaliculi) and applied to the wound, to which it adheres until these are filled with fluid, when it falls off. It, therefore, acts on the principle of a cupping-glass; but it also imbibes fluids by capillary attraction—a property which the cupping-glass does not possess; dipped into cold water it does not adhere. There is one of these "Bezoars" in my county, the owner of which is said to gain a good deal of money by it ($25 for each case) on account of the ignorance, prejudice, and superstition of those who believe it to be the "*sine qua non*" in wounds inflicted by venomous serpents, and particularly by the rabid dog, when undoubtedly many a time the proper and timely application of a cupping-glass would answer the same purpose and not be attended with the expense of $25. It has no advantage over the cupping-glass when this can be effectually applied.

Waterford, Miss. C. H. WAGNER, M. D.

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[For the Brief.]

WARBURG'S TINCTURE.

EDITOR MEDICAL BRIEF:—I notice in the last issue of your valuable BRIEF an inquiry made by Dr. J. Y. Simpson for the formula of Warburg's Tincture. I will give him the formula for making this tincture as given by the London *Lancet*. (Formula omitted, published in December issue).

The dose recommended is half an ounce of the tincture at the onset of the paroxysm, and if that amount does not control it, the same quantity must be repeated in four hours. If it can not be retained by the stomach it may be administered by the rectum, in ounce doses every hour. It is claimed that the tincture is retained by the stomach when all other remedies are rejected.

Prof. Maclean says that he has seen the most hopeless cases—those manifesting a degree of severity which seemed to preclude the possibility of recovery—commence to convalesce as soon as the patient was brought under the influence of this remedy. I will quote Prof. Maclean's rules for its administration. The tincture is administered in the following manner: One-half ounce is given alone, without dilution, after the bowels have been evacuted by any convenient purgative, all drink being withheld, in three hours the other half ounce is administered in the same way. Soon afterwards, particularly in hot climates, profuse, but seldom exhausting, perspiration is produced. This has a strong aromatic odor, which I have often detected about the patient and his room on the following day With this there is a rapid decline of temperature, immediate abatement of frontal headache; in a word, complete defervescence, and it seldom happens that a second dose is required. If so, the dose may be repeated as above. In very adynamic cases, if the sweating threatens to prove exhausting, nourishment in the shape of beef tea with the addition of Liebig's extract and some wine or brandy of good quality, may be required. No special rules can be laid down in regard to the administration of stimulants in pernicious fevers, the condition of the patient must be our guide.

R. B. SPARKS, M. D.

Lone Oak, Texas.

[For the Brief.]

AMENORRHŒA.

EDITOR MEDICAL BRIEF:—I should like very much to learn the views of the profession in regard to the treatment of amenorrhœa where the case is a healthy growing girl of eighteen years of age, who has not menstruated for a year past. Before that time was regular. It does not seem to affect her health at all—in fact, she seems to be healthier than before menstruation ceased. What is the cause and what shall be done for her? I have never met a case like this before, and do not know what further to do. I have treated the case for eleven months and there is no change in her condition except that the patient seems to get healthier.

WM. S. SMITH, M. D.

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[For the Brief.]

ANSWER TO DRS. BIRKHEAD AND WAGNER.

EDITOR MEDICAL BRIEF:—In your long and elaborate articles on the subject of "Miasma," I would like to ask what is miasma, relative to disease or conclusive to disease? and in reply I will plainly ask the following questions: "Is miasma anything that you can taste, or smell, or feel? If you can, then I will give up the hatchet and not ask any more difficult questions. I understand malaria to be the result of low, swampy districts, and disease contracted in these localities are generally of an intermittent type, such as intermittent fever; and if it is caused by decomposition of vegetable matter, why don't the decomposition on high and table lands produce the like results? Now, we do know that families residing near the large packing houses in Chicago and St. Louis are, as a general thing, the most healthful. The same is among the poor in the slums of all large cities in the civilized world. Now, if foul air is one species of miasma, go then to our large tenement houses in the cities and visit, if you please, those who inhabit holes in the walls, down in cellars, where the orb of day never shines. Look this living human mass over, and you will find that miasmatic fevers, even of a low type, never occur in these low, dingy domiciles, except when small-pox, or in cholera seasons, then these people who live in so small a space generally are the first to fall, and the simple reason is want of pure air and cleanliness. Go with me, dear reader, to that rich plateau of land known as the American Bottom, on the Illinois side, opposite the city of St. Louis. Some of these lands are the richest and most fertile bottom lands in the known world, where you will find the vegetable gardener lives, and you visit his home and you will find his wife and loved ones strong and healthy, and much of this land overflowed every year, and sometimes oftener. Now, gentlemen, if this germ theory is correct, this American Bottom land would be a very unhealthy locality to live, while on the other hand it, as a general thing, is so healthy all seasons of the year that you will find most all regular physicians residing in the localities combine some other kind of business with their profession to get an honest livelihood. I will ask you the question: Why don't the physicians of the broad prairie Minnesota towns sometimes harp about malaria or malaria poison? Simply because they look like all well-regulated and thoroughly educated physicians through their horoscope and call it a myth. Gentlemen, I wish all you who are engaged in this miasma argument success where you can show sound logic for your reasoning.

H. F. ADAMS, M. D.

Salem, Oregon.

[For the Brief.]

CURACOA CORDIAL.

EDITOR MEDICAL BRIEF:—Will some physician, through the BRIEF give formula for making curacoa cordial?

W. T. BURKE, M. D.

Breckenridge, Tex.

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[For the Brief.]

INFORMATION WANTED.

EDITOR MEDICAL BRIEF:—In the September number of the BRIEF I have a call for information relative to an interesting case, but as no one has answered my queries, I again renew my request most earnestly.

I have another case, concerning which I solicit information. J. K., blacksmith, aged thirty-two years; taken with malarial fever October 10, 1881; high fever every other day; no chill; tenderness over stomach and bowels relieved by mustard poultices; last attack Sunday morning, sixteenth; treatment quinine. Next day entirely free from fever; felt well, walked out during the day. A younger brother slept with him up stairs, his wife being below; sick also on Tuesday morning; left him at four o'clock without complaint; at seven o'clock called his little son to bring him a drink of water; about five or ten minutes after his brother took his breakfast up and found him dead. Lying on his back and hands crossed on his chest, I infer he died without a struggle. After his death I learned from his neighbors that he often complained of his heart, but I detected nothing indicating heart trouble during life. Now, will some of the many readers and writers of the BRIEF tell me the cause of the death.

J. J. CULLER, M. D.

Jefferson, Md.

[For the Brief.]

CHRONIC DYSENTERY.

EDITOR MEDICAL BRIEF:—Chronic dysentery is usually the result of the acute form and is often complicated with chronic enteritis or inflammation of the small intestines. The stools are less frequent than in the acute variety and feculent, mingled with mucus and sometimes blood; there is pain or tormina and tenesmus; tongue red, slightly coated; pulse generally accelerated, particularly in the evening; the skin is dry and husky, owing to the inactivity of the capillary circulation. If the small intestines are involved in the chronic inflammation, there will be a tendency to diarrhœa. If the lesion is confined to the lower portion there will be some costiveness. In some cases there will be two or three evacuations and in others twenty to forty in the twenty-four hours, depending, no doubt, on the structures involved, diet, exercise, and constitutional condition of the patient. In the treatment of chronic dysentery we can not be guided by the knowledge of the cause as we could in the acute variety, for whatever may have been the original cause, it may be supposed to have passed away, and we have a mobid condition of the parts through local or general debility, nature has been unable to relieve the system, but if there is a cause operating to perpetuate the disease it should be removed. If the dysentery is confined to the lower part of the bowels with a tendency to costiveness, give mild aperients. To fulfill this indication give syr. rhei. pulv., eight or ten grains, with wild cherry; or, in this form, syr. aro. rhei., prunus. vir. fid. ext., of each,

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one ounce, mix, and give two teaspoonfuls every three hours until there are two or three evacuations a day. Injections of starch, with tinct. opii, lead or zinc sul., or where there is evidence of ulceration of bowels, nit. silver six to eight grains to pint of fluid, or nit. silver, one-eighth grain; pulv. opii, one-fourth grain, made into pill, to be given at night. I have cured cases with the following prescriptions:

R. Tinct. Opii..... 1 ounce.
Tinct. Camphoræ..... 1 ounce.
Syr. Rhei. Aromat..... 1 ounce.
Ext. Ergot fld..... 1 ounce.
Salicine..... 1½ drachms.
Aro. Sul. Acid.....30 drops.
M. Sig.: A teaspoonful every three hours.

The coto bark and wickup herb (epilobium palust.) is very efficatious in this disease and acts like a charm. I frequently combine one or the other with jaborandi, and if continued will very seldom fail to cure. A laxative will be indicated occasionally, as I find a decided astringent treatment inadmissable without it. I give the remedies in combination, thus:

R. Ext. Epilobium Palust. fld.....10 drops.
Ext. Jaborandi fld.....20 drops.
Aquæ..... 4 ounces.
M. Sig.: Give three times a day.

R. Ext. Coto Bark fld..... 2 to 4 drops
Ext. Jaborandi fld..... .....20 drops.
Aquæ..... 4 ounces.
M. Sig.: Give every three hours, or alternate with the above.

These two prescriptions with laxatives, will cure in nearly all cases. Attention should be given to diet, for without this no treatment will be successful.

E. CARMICHAEL ROTHROCK, M. D.
Athens, Tex.

[For the Brief.]

SUSPENDED RESPIRATION.

EDITOR MEDICAL BRIEF:—I have had three cases, at different times, in twenty-one years' practice, of suspended respiration while in sleep. It is a complication with other diseases after severe colic; one in old age and one with chronic pneumonia. It is a defect in the automatic respiratory apparatus. To relieve the trouble I gave strychnia in the colic case, it acted like a charm, but strychnia would do no good with the other cases. One of the cases finally fell into the hands of an eclectic, who promptly relieved the suspended respiration with eight drops of a nearly tasteless liquid. Query: what is the medicine? So far as I can find out, no medical author has ever mentioned the symptom. If any light can be given upon the subject, i. e., if the remedy can be given, so that the patient can breathe normally while in sleep, a great favor will be conferred by communicating through BRIEF.

Odessa, N. Y. G. O. SMITH, M. D.

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[For the Brief.]

PAROTITIS.

EDITOR MEDICAL BRIEF:—M. C. R., M. D., asks for a treatment for parotitis when disease falls into the testes. I had a number of cases last spring; the patients had home treatment until the above symptoms occurred, then I was summoned and help asked, when I always met these emergencies as follows: I cleansed the bowels if necessary, applied a mustard plaster to parotid gland, as long as could well be borne and then used stimulating liniments to the same gland, had patient to remain in bed with warm flannel about the testicles and they well supported with bandage on arising. I gave as an internal treatment quinine, tartar emetic, Dover's, and digitalis in powders, and if much fever, spirits nitre dulc., with chlor. potass. I have had twenty year's experience in these cases, with a great many cases in the army during the war, and from my own observation, I do not know of a case wherein the affected testes operated in the least unfavorable to reproductiveness.

Pleasantville, Ind. WM. A. FLEMING, M. D.

[For the Brief.]

SALICYLIC ACID.

EDITOR MEDICAL BRIEF:—Dr. R. F. McMurtry, in November number of BRIEF, asks for the real medical use of salicylic acid. To give an account of its many virtues in detail would occupy too much space for this kind of a journal, but I can give him a few of its most important uses in as short a way as possible. It was first recommended to the profession in the treatment of rheumatism, but since that time the diseases to which it has become applicable are as varied as those claimed by Dr. Scott for poke-root. In acute, articular rheumatism I find nothing to act so well as eight to ten grains of the acid dissolved in an ounce of water to which a sufficient amount of bicarb soda has been added to insure a ready solution, as it is only sparingly soluble in pure water. I have given it in powder, pill, and capsule, but the unpleasant sensation of burning and tingling in the throat and fauces makes it objectionable. I do not consider it a specific in rheumatism, but in all forms of this disease I have used it with marked benefit. I sometimes combine it with a preparation of colchicum or opium, but rarely find it necessary, though, to the contrary, Dr. T. D. Actland, in the *British Medical Journal*, records six cases in which delirium followed the use of the acid alone in rheumatism. I have noticed that the pain may be aggravated for six or eight hours after beginning the use of this drug, but as soon as the patient is well under its influence the temperature falls to its normal condition, and the patient breaking into a profuse perspiration, is soon comfortable enough to sleep. I have never tried a local application in acute rheumatism, though Dr. Kemp, in *British Medical Journal*, has used it with good results. I have had but little

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chance to test its uses in typhoid fever, but am satisfied with what I have seen that in small doses (four to six grains every three hours) it is a valuable agent in this malady. I should always dissolve with bicarb. soda else the digestive organs be deranged and bad results follow. I have found it of great benefit in remittent and intermittent fevers, in ten grain doses, every three hours, until a buzzing in the ears is produced, which will follow its use in ten or twelve hours. It may be given with great benefit in neuralgia in combination with the tinct. of gelsemium. In certain forms of skin diseases, combined with commond lard, I have used it with the happiest effects.

These are only a part of the many therapeutical virtues of this drug, but enough for one article in a journal where space is so valuable—others perhaps will add to these. Try it doctor.

Boston, Ga. J. T. CULPEPPER, M. D.

[For the Brief.]

HAIR TONIC.

EDITOR MEDICAL BRIEF:—For the benefit of "Young Practitioner," publish the following prescription (suggested by Prof. John Goodman, of the London Medical College,) for falling hair, which I have used successfully for baldness after protracted fevers, etc.:

R. Zinci. Sulph.....10 grains.
Quiniæ Sulph.....20 grains.
Tinct. Cantharides..... 1 ounce.
Bay Rum..... 2 ounces.
Glycerinæ..... 2 ounces.
Aquæ..... 2 ounces.

M. Sol. Sig.: To be brushed or rubbed into scalp, with much gentle shampooing. JAS. M. FREY.

Knightstown, Ind.

[For the Brief.]

EXTERNAL ITCHING HEMORRHOIDS.

EDITOR MEDICAL BRIEF:—There is certainly no trouble more distressing to the patient, or more embarrassing to the doctor (when he fails to relieve) than the above disease. My patient is forty-five years old. He has suffered for several years past. The itching at times is intolerable, unfitting him for the social circle; only three tumors, the largest about the size of a large cherry. His general health tolerably good. I have prescribed various ointments, solutions (cold and hot), medicated enemas, suppositories, etc., but only temporary relief for my patient. What must I do; excise the tumors, or apply carbolic acid hypodermically? What causes the periodical itching; is it the friction of the tumors?

Oakland, Ala. H. L. RAY, M. D.

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[For the Brief.]

BOILS—QUININE AS A PARTURIFACIENT.

EDITOR MEDICAL BRIEF:—I desire to ask, through the BRIEF, for information in regard to a case I have just disposed of. A little girl, about seven years of age, was taken ill with typhoid fever, which was rather stubborn in yielding to the general treatment of such fevers, but after the fever had partially subsided there was an acute inflammation of the parotid gland, which yielded kindly to treatment without suppuration, since which time there has been a succession of large boils on the head and face, discharging a large amount of rather unhealthy pus, keeping the patient in a debilitated condition and causing considerable pain. Now, the question is this: Would not this last trouble have been dispensed with had I let the parotid gland go on to suppuration, and would it not have been less drain on the general system? I would like some of the many readers to give their treatment of such cases; patient being free from any syphilitic or scrofulous taint.

A question on quinine as a parturifacient. I see a great many of the older heads recommending the use of this drug in tedious labors, in order to hasten them. I would ask, if such is true of quinine, how we shall treat our cases of remittent and intermittent fevers occurring in pregnant females? I have recently treated a lady through a stage of typho-malarial fever in her seventh month of pregnancy, using the drug quite freely without any bad results whatever. The lady got well of her fever, went on to her full time, and was delivered of a healthy child, and they are both doing well. If the drug in question does possess any oxytocic properties, are we not running a risk in giving it to a pregnant female? If so, what shall we use instead in this malarial region? I would like to hear from some of the brethren on this subject, as I have not been long in the profession, and desire to be always on the right side.

Old Riply, Ill. N. H. HARRIS, M. D.

[For the Brief.]

SUBINVOLUTION.

EDITOR MEDICAL BRIEF:—In reply to Dr. Wilcox, on page 653. He evidently has a case of subinvolution. I am disposed to think he will find marked benefit, if not curative effects, from the use of a combination of strychnia, ergot, and bromide of ammonia, in connection with electricity. I need hardly impress upon him the importance of connecting the tension, which of itself, is no infrequent factor—in producing such morbid action this may best be accomplished by the use of a hoop or similar pessary until the womb regains its normal tone an volume. If these measures fail, he will be justified in resorting to nitric acid; care well taken to keep the patient in bed.

Lena, Ill. THOS. LLOYD CASEY, M. D.

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[For the Brief.]

CHERRY SEED IN EAR—WARBURG'S TINCTURE—BURNS.

EDITOR MEDICAL BRIEF:—The BRIEF is a journal in which I take no little interest. In it, I find articles from "many men of many minds."

I notice articles from some contributors where they had extracted ants, lice, ticks, etc., from the ear. Will say, that I have extracted bugs, grains of corn, and other articles from the ear; but the most singular case I have had is the following:

A lady when a little girl, eight years old, while playing with a wild cherry pit, introduced it into her left ear. It remained there forty-five years, producing but little trouble (except when first introduced) except partial deafness in that ear. At the end of forty-five years she was suffering from severe cold in the head, when she experienced a severe pain in her left ear. And (using her own words), "I heard a report as the report of a gun on that side of my head, I turned my head on that side, when the cherry seed dropped out." It was apparently as sound and perfect as when introduced. I have it in my possession and it is as perfect as when it came out seventeen years ago. The lady is my mother. The deafness remains the same in that ear.

J. Y. Simpson, M. D., asks for fomula for Warburg's tincture, and in the December number he gets the "scientific" compound, but let us look at the ingredients of this tincture. In the formula we have fourteen ingredients, one of these, the "confect. damocratis," contains forty-four ingredients in itself.

Now, the ingredients for the "troches of Kyphi" are fourteen.

In all we have about sixty distinct articles in this "scientific tincture of Warburg," which is so often recommended for simple intermittents. What shall we prescribe for complicated cases? I would suggest it for worms. I don't think they could possibly stand this.

Some one asks for remedy for burns, I have used the following with success:

R. Tinct. Arnicæ.....3 ounces.
White of Eggs.....4 ounces.
Glycerine.....5 ounces.

Mix the egg and glycerine in mortar, then slowly add the arnica. Apply twice a day on soft cloths.

Bristol, Ill. W. E. KINNETT, M. D.

[For the Brief.]

CHRONIC BRONCHITIS.

EDITOR MEDICAL BRIEF:—Will some M. D., through your invaluable journal, give best treatment for chronic bronchitis accompanied, at times, with slight pharyngitis? I ask that the treatment for said malady be as palatable and non-nauseating to stomach as possible.

Union Bridge, Md. MILTON M. NORRIS, M. D.

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[For the Brief.]

AN OPEN LETTER TO THE READERS OF THE BRIEF.

EDITOR MEDICAL BRIEF:—I am an old physician; have been in the practice steadily for thirty-five years. I have my diploma from the University of Michigan, issued in the spring of 1852. I belong to no medical society, but have read, as thoroughly as my time would allow, the eclectic and homœopathic, and am not fully ignorant of the other smaller pathies, and by associating with gentlemen of all pathies, I find much merit in each system, but no perfection nor exact science in any nor all. And yet I hear and read the word quack, let me turn which way I may, from persons and journals. And I wish to ask what it means. Almost every doctor uses it when speaking of some brother physician who does not treat disease just as he does, or who pursues a little different course to obtain business. For instance, if Dr. A., by hard application and a lavish expenditure of money for ten years, became expert in the treatment of piles by the use of hot water or electricity, and should place himself before the public by advertisement, just the way he should do, and the only way he can do successfully, and he owes it to the suffering to do it, yet he is called a quack. If Dr. B. has formed acquaintance with Dr. H., who is of a different school of medicine, and counsels him in a case of sickness, he is called a quack, though friendship, acquaintance, and what we owe to suffering humanity, demand the consultation. I might call up a hundred cases of like character to elucidate the idea. No, doctor, if you are a homœopath or eclectic, you can't hold a membership in the association of regulars, and vice versa. Now, what I want to know is, what it is to be a quack. Everybody has the name from somebody else. I would like to be a rational and scientific physician; I would like to maintain the dignity of the profession, and yet I would like to make use of the best remedies known to cure the sick. And further, I would like very much to confine my ability to the treatment of that class of cases to which I have given the most of my time, and with which I feel I will be the nearest expert. And yet to do so, and advertise for business, I can not enjoy the society or counsel of any of my brethren, and I am compelled to keep my office open to general custom, and let many cases go to others who I have many reasons to know are not equal to the task. And in like manner, I must treat cases which my neighbor across the way would treat much better. And all for the fear of the word quack. For shame, gentlemen. To let fear make cowards of us all. Why not work out our genius, all of us, and only strive in our emulations of who can best work and best agree. Then again, why should the professors of our medical institutions be allowed to send their advertisement, in the form of a specialty, broadcast over the land, in pamphlet form, and hundreds of their peers must remain in partial obscurity for want of advertising, and the people must suffer, because they are not allowed to know there is help at their door. And besides, should there be any good paying cases, they must be sent away to the first-class advertising professor, to the detriment of

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the needy physician at home, and often to the great injury of the patient, who is away from sympathy and under the hand of less skill than was lying idle at their homes. There is something wrong in the ethics of doctors somewhere. I don't know just why nor where, and I am too old to remedy it, but the younger men should see to it that the ethics of the profession should not stand in the way of talent or genius, to the injury of the afflicted and science.

South Bend, Ind. G. W. CARPENDER, M. D.

[For the Brief.]

INFLAMMATION OF THE PAROTID GLAND.

EDITOR MEDICAL BRIEF:—If Dr. A. E. Fant, in the November BRIEF, will try the following in his case of inflammation of the parotid gland he will not be disappointed.

R.	Lard	1 ounce.
	Potass. Iod	100 grains.
	Iodine	5 grains.
	Aquæ	1 drachm.

Sig.: Dissolve the iodine and pot. iod. in the water, and then add the lard. Apply night and morning.

Give internally four grain doses of potass. iodide three times a day, or twenty-drop doses of syr. iod. Iron.

If any of the readers of the BRIEF have a case of white swelling, let them try the above, and it will cure it.

San Francisco, Cal. J. F. GIBBON, M. D.

[For the Brief.]

LEUCORRHŒA—ENURESIS.

EDITOR MEDICAL BRIEF:—Will some experienced M. D.'s please give the best treatment for leucorrhœa (flour albus) when the discharges are from either the vagina, cervix, or from the uterine cavity. Also enuresis in children. J. T. GOSSARD, M. D.

Whitewater, Ind.

NEW VOLUME—1882.

This issue COMMENCES the tenth volume of the MEDICAL BRIEF. It is useless to tell our subscribers, that the BRIEF is the most popular and most prosperous medical journal *in the world.* They already know this fact. We are receiving now from fifty to five hundred letters a day, and nearly all of them contain *not only "the wherewith,"* but also kind words and good wishes for the continued success of the BRIEF. To say that these kind acts and words are *warmly appreciated* does not half express it; therefore, we will endeavor to make the BRIEF *of the future* more worthy your love and support.

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[For the Brief.]

WHOOPING COUGH.

EDITOR MEDICAL BRIEF:—Dr. L. S. Pritchett, of Mt. Cross, Va., calls upon the readers of the BRIEF for the best treatment for whooping cough. This disease prevailed as an epidemic in Yazoo County, Mississippi, during the spring of 1877 I send a prescription that I used with great success in my practice during the prevailing epidemic. I regard it as one of our most efficient remedies in the treatment of this disease. If the doctor concludes to try it he will not be disappointed:

R. Potass. Carb.....40 grains.
Pulv. Cocci.....20 grains.
Sacch..... 2 drachms.
Aquæ Menth. Pip..... 8 ounces.

M. Ft. Sig.: Give teaspoonful every two or three hours, until the patient obtains relief.

In addition to the above, if the attack is severe, rub the spine with the following liniment:

R. Ol. Succini.....½ ounce.
Ol. Olivæ.....½ ounce.
Aquæ Ammon.....½ ounce.
Tinct. Opii.....½ ounce.

M. Sig.: Rub along the whole tract of the spine, two or three times a day, and discontinue when the spine becomes tender. Commence the treatment when the whooping paroxysm sets in.

Benton, Miss. R. D. MCCANN, M. D.

[For the Brief.]

JAUNDICE.

EDITOR MEDICAL BRIEF:—If Dr. J. A. Tyler, of Springfield, Oregon, will try the following for ordinary jaundice he will be pleased with the effect. I have never met with a case of black jaundice, so prevalent in Texas and some of the other Western States. For yellow jaundice it has never failed in a single instance in my hands:

R. Aluminis Pulv.....2 drachms.
Sacch Alb., Pulv.....2 drachms.

Ft. pil. 10. Sig.: Give one every four hours for three or four days, or until actions from bowels change and become yellowish, indicating the presence of bile.

Then, if appetite is depraved, and blood impoverished, give vegetable tonics, to be followed in a few days with some preparations of iron. How alum cures jaundice I am unable to explain. Will some of the readers of the BRIEF give us light on the subject?

Easta Boga, Ala. JOHN T. DONALDSON, M. D.

☞ Two dollars secures both the MEDICAL BRIEF and MEDICAL GLEANER for the year 1882.

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[For the Brief.]

CANCERS.

EDITOR MEDICAL BRIEF:—Allow me to answer through the BRIEF a number of correspondents in relation to the method I pursue in treating cancers.

I can not give an exact rule by which to work, as no two cases are alike in location, virulence or quality.

Every case must be treated on its own merits; and a cure must not be expected in all cases, nor in the same length of time. The acute cancer and the chronic (and you will find such) must necessarily be treated differently, but all must be patiently and perseveringly treated, and if so, with as much hope of success as any other class of disease (except perhaps malarial,) I will give two cases to illustrate. Mrs. J. Richards, of this city (to whom any can apply for information) had been given up to die with a cauliflower excrescence, springing from the stem of right ovary, where a malignant tumor had been extirpated by Dr. Thomas, of New York, the tumor weighing fifty pounds or more. I began by applying sat. sol. chro. acid, three days in succession, keeping her well under anæsthetics. (The tumor was about the size of a two quart bowl.) It became black and hard, about half inch deep, which she cut off with a razor, and I again applied the acid, being careful not to touch the sound skin or tissues. She again shaved it off. It would take about ten days each operation. And so I continued to do until it was reduced to about the size of an egg, when by a thorough application I killed it to the stem and it sloughed out entire, without injury to the peritoneum. She made a good recovery and is now doing regular work, and has for nearly five years. It took me about seven months to dismiss the case.

Case 2. A Mrs. M , of Laporte, with a sore about the size of a silver dollar on her neck, had been treated seven months, and growing rapidly worse and given up in despair. I applied the chromic acid twice, one day apart, and in six weeks she was well, without further treatment than a little simple cerate, and occasionally, solution of nitrate of silver to keep down excessive granulations.

These are the two extreme cases of all grades of gravity I might cite, but these must suffice. And let me say, don't rely on books, but brains for success. I can furnish theses only for such cases as I have under my own observation, but if doctors will only think for themselves they will get along well enough. Books will tell you what is good, but invariably tell you there is no hope of a cure.

The proof of the pudding is in the eating. I simply say there is as good prognosis for cancers as any other virulent disease, and better. It is only a change in the mode of motion; destroy the cause of the change, and nature will gladly go back to normal. There is a something, I don't know what it is, vis vitæ, or vis medicatrix, or vis inertia, call it what you will, help it by removing the cause of change, and vitality is sufficient to rally, health will come. GEO. W. CARPENDER, M. D.

South Bend, Ind.

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[For the Brief.]

FOR THE CONSIDERATION OF DOCTORS W. A. LIGON AND JNO. GREGG.

EDITOR MEDICAL BRIEF:—As Dr. L. seems to think that maternal impressions can produce marks and deformities in the fœtus by making a morbid change in the blood, I beg to submit the following for his consideration: The quantity of blood in the adult is one-thirteenth of his weight, and a circuit of it is performed in twenty-seven cystoles, which is equivalent to twenty-three and one-tenth seconds at seventy-two pulsations per minute. Now, if Dr. L.'s notion were true, we should be justified in the belief that during that very brief length of time the whole quantity of the maternal blood had become morbidly affected, and that in consequence the fœtus should not only show more than one mark or deformity, but that the mother also should present some evidence of this altered condition of her blood; how is it, that a strong impression caused by an unexpected terrific clap of thunder has never been alleged to be of any effect? and that visible (external) marks and deformities *only*, are claimed as the effect of maternal influence during gestation? how does the doctor account for marks and defects in brutes? and in plants? how does it come that no marks are ever blue or green, even if the impression has been made by an object of either of those colors? Does Dr. L. believe that three testes, the absence of one, or of the womb, a double vagina, malposition and deformities of internal organs, congenital peritonitis are referable to the influence of maternal impressions during gestation?

When we are unable to give an explanation because of a want of sufficient knowledge, are we therefore justified in resorting to an inexplicable, quasi-supernatural agency which offends reason, is repugnant to common sense, is at best only of speculative interest, does in no way advance medical knowledge; but is a clog to attainment of it by lessening or stopping investigation, and the alleged productions of which we are utterly unable to prevent or cure? Is it not much more conducive to sound sense and reason to refer all marks and deformities, internal as well as external, to natural causes, particularly as we know that they occur without the alleged influence of maternal impressions during gestation?

The progressing enlightenment of the mind has already swept away the belief in ghosts, witchcraft, mesmerism, perkinism, equivocal generation, zoospermes, the supernatural power of the Bezoar, and the highly exaggerated influence of the moon, and many other errors and delusions, and the same fate is in store for the influence of maternal impressions during gestation.

Hoping Dr. L. will favor us with categorical answers to the above, seriatim, I beg to answer him that, in my opinion, sophistry and facetiousness are poor weapons to employ in an argument.

Waterford, Miss. C. H. WAGNER, M. D.

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[For the Brief.]

PUERPERAL CONVULSIONS.

EDITOR MEDICAL BRIEF:—In the last number of the BRIEF, Dr. W. G. Putney, requests to hear more from the use of hypodermic injections of morphia in the treatment of puerperal convulsions. For his benefit, I will relate my experience with the same. On November 5, 1881, at three P. M. I was summoned to see Mrs. B., at once. Knowing that she was in her last week in pregnancy, and the previous labor being very short, I hastened to her side. Upon my arrival I learned that she had a severe attack of convulsions. The fit having passed off a few moments before my arrival. Found her raving and delirious; tossing from one place to another; impossible to control her movements; eyes fixed and rolling upwards; quivering of the lips; in short, all the symptoms of having another fit in a few moments. No possible chance to make vaginal examination; no chance to give chloroform to control her actions. I decided to control the convulsions and let the pathology take care of itself.

With the aid of her husband and two women, I succeeded in putting into her arm three-quarters of a grain of sulphate of morphia. Patient fell almost immediately into a quiet slumber. I then found that the os was soft and slowly dilating. Patient remained in this condition for about four hours, when restlessness again came on. By this time Dr. B., who was desired by the husband as counsel, had arrived; he did not object to the morphine treatment, although he had no experience with it. About four hours after the first injection, I gave her three-quarters of a grain of morphia again, hypodermically, result the same as after the first dose. At nine P. M., she evidently had labor pains; at ten P. M., os dilated, membranes ruptured, and labor completed at midnight, or thereabout.

During labor she was unconscious, only when the pains were present would she give evidence of suffering, and then sleep quietly till the next pain. One hour after delivery, restlessness again came on, fearing another convulsion, I gave her another half grain of morphia hypodermically, she then remained quiet until morning. I then ordered fifteen grain doses of chloral every hour till sound sleep should be induced; four doses were taken. Continued the chloral Sunday and Monday, in small doses; Tuesday November 8th, patient came to her senses. Convalescence was slow, but satisfactory; at this date, three weeks after delivery, patient was able to walk across the room, and sit up a couple of hours at a time.

Child was asphyxiated when born, but was made to breathe by working fifteen minutes, following Dr. Marshall Hall's method.

I had a somewhat similar case to Dr. Sam Eddins. On the 23d of October, 1881, I was called to visit, and delivered mother and daughter-in-law, the same day, in the same house, and almost at the same hour, there being not an hour's difference in the time of delivery.

Drenthe, Mich. HENRY KREMERS, M. D.

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[For the Brief.]

TICKLING SENSATION IN THE THROAT.

EDITOR MEDICAL BRIEF:—I suppose that all medical men have had patients to complain of a little trouble in their throat that appeared like something they could not swallow. That it starts down and then comes up again. As I have the advantage of most of you, I will give my diagnosis: On the posterior wall of the posterior nares there is a little shelf, or offset, caused by the making of the cervical vertebræ, which shelf acts as a receptacle for the secretion of those parts; which secretion does not form upon itself, but forms from the bottom, leaving a permanent surface exposed to the drying influence of the air; and by the time the offset is full, it is ready to discharge its contents. It has a crusty front or top surface, but the remainder is of a soft nature. The mass has both a cohesive and an adhesive property, either of which would hold its weight. It drops down and produces an inclination to swallow. If the offending thing is swallowed or hawked up the patient is free a day or so. I have examined them both before and after their removal. Its front surface is dry and concave. while the remainder is a mass. As I am cleft-palated, I can see it forming and watch its whole process, and when it begins to pester me I press the extremity of my index finger against the front surface of the partially dried secretion, adhesion takes place, and I withdraw the mass. I have had several physicians to examine me just before the removal, and, without exception, every one pronounced it an ulcer. W. A. LIGON, M. D.

Sonoro, Ky.

[For the Brief.]

ANTI-NATAL IMPRESSIONS.

EDITOR MEDICAL BRIEF:—During the year 1870, I was called to see a man who had been struck on the head with a gun, fracturing the back of the cranium. He died very soon. A lady, about three months advanced in pregnancy, saw the fracture—she passed to full term, and I was called to wait upon her; she had a natural labor, but when the child was born the head was deficient—there was no bone on the back part of the cranium, nothing but a dark, soft fleshy mass; it died in a few minutes. How these things are brought about I will not attempt to give any theory, but will leave it for older heads.

Lisbon, La. P. H. PEMINGTON, M. D.

BROMIDIA.

I have just given BROMIDIA a *crucial test* and am *more than delighted* with the results. In the delirium and restlessness of typhoid fever it is the anodyne *par excellence*. EDWARD ALCORA, M. D.

Hustonville, Ky.

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[For the Brief.]

ANTI-NATAL IMPRESSIONS—OBJECTIONS OF DR. WAGNER REVIEWED.

EDITOR MEDICAL BRIEF:—Let us have, and consider the facts. A lady sitting in her parlor, watching a daughter of a few summers playing at a window with sash raised; the sash drops, the child screams from pain, two fingers were crushed and severed by the fall of the sash. The mother is almost in a swoon at sight of the suffering and maimed child. A few months afterwards the mother is delivered of another child with corresponding fingers severed. Second—A matron, enceinte, is surprised by the sudden appearance, in her presence, of an idiotic person, muttering to make his wants known. She is fearfully excited; in a few months is confined and delivered of a large well-developed male child, who, at the age of sixteen, although he had attained the stature of a man, could not articulate the most simple words. Third—A lady is walking leisurely through her garden, the husband approaches stealthily, and throws a wounded squirrel upon her; it caught and held tenaciously upon her shoulder, frightening her beyond reasonable expectation. A few months elapsed, and she was delivered of a female child, marked with the figure of the squirrel on the same part of the shoulder on which it fell upon the mother. Can these facts be accounted for on the principle of coincidents? If so, we need not seek far for the causes of things. Dr. Wagner asserts that it is absurd to suppose that these effects may be produced by the circulation of the blood. Is not the offspring produced by the circulation of the blood? And he is doubtless aware that every motion and every thought produces changes in the blood. Why, then, should not these intense excitements of the passions and feelings, resulting often in syncope, produce very decided changes in the quality of the blood. Let us not be hasty in denouncing the opinion as absurd until we are capable of demonstrating the absurdity. Dr. Wagner says, "the only philosophical way to account for these appearances is by attributing them to arrest of development, or an excessive or incomplete or defective evolution." Are these primary causes, acting independently of living organisms, or are they merely effects resulting from disturbing influence operating upon the maternal circulation. Facts like the above may be accumulated by the thousand. They doubtless occur in the experience of almost every accoucher. Let us accumulate the facts till they indicate the law.

Milford, Ga. I. H. HAND, M. D.

[For the Brief.]

SMALL POX.

EDITOR MEDICAL BRIEF:—Will some experienced practitioner please give, through the BRIEF, the best treatment of small pox; also, the best means to prevent pitting. JNO. CASEY, M. D.

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[For the Brief.]

TREATMENT OF BURNS.

EDITOR MEDICAL BRIEF:—In the November number of the BRIEF, Dr. S. R. Voorhees asks for a good plan of treatment for severe burns and scalds. If he will try the following I think he will find it a good one. At any rate it has done for me all I could expect:

In the first stage of burn I use what is now I believe the generally accepted plan of treatment, namely: To apply cloths saturated in a solution of bicarbonate of sodium of the strength of an ounce to the pint of boiling water; or the sodium may be rubbed up with lard in the proportion of a teaspoonful to a tablespoonful and spread on cloths. Keep up this treatment for the first two days, taking care, of course, to open all vesicles that may form. On the third day commence the use of boracic acid, as follows:

R. Boracic Acid.....20 grains.
Vaseline..... 1 ounce.

M. Powder the boracic acid finely in a mortar and mix thoroughly with the vaseline. Take enough oiled silk to cover the burned surface and spread the vaseline thinly on it and apply to wound.

The beauty of this dressing is that there is no sticking to the burned surface and it can be readily renewed. This dressing should be renewed twice in twenty-four hours; or in slight burns, once is often enough. At each dressing the wound should be carefully washed with tepid water and a soft sponge. The same silk may be used at each dressing after having been washed in warm water.

I can recommend this plan of treatment for its simplicity, cleanliness, and efficacy, having repeatedly tried it with the best results.

Orange, Va. R. M. SLAUGHTER, M. D.,
Secretary Piedmont Medical Association.

[For the Brief.]

"CÆSARIAN SECTION."

EDITOR MEDICAL BRIEF:—I notice the report of a case under this caption in the last issue of the BRIEF, which gives us renewed evidence of the skill of the surgeon, and adds another factor requisite to perpetuate an operation the account of which I think dates as far back as the sixteenth century. The report is from the pen of Dr. A. S. Kirk, of Louisville, Miss. The details of the case are not fully given, but from the data I can not think that the doctor had a case that demanded such heroic treatment. At this distance, I may not be a competent judge, however. He states as his reason for performing this operation that the right hand and arm were born, and turning had failed. This it seems would not warrant the operation, since if he could not introduce his hand, and all efforts at turning had failed on account of the obstruction, he could have disarticulated the arm, which would have admitted the

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hand, and the process by turning completed quickly; even though the pelvis should prevent the rapid birth of the head, he could have opened the cranium. The whole process could have been instituted with much less danger than the means devised for relief. I will agree with the doctor in his statement that "dissecting a child away is anything but pleasant to the operator," but certainly can be made as much so to him as "Cæsarian section" to the mother, and place him under much less danger. He says she could not undergo the operation of taking away the child by dissection, but selects this operation as the one which would militate less against the further existence of the mother. I can not see how this can be possible: The operation upon the living present no more dangers than upon the dead? I suppose the child was dead, although he does not state. Even if it was not, the danger was greater upon one hand than upon the other. Let us see the condition of affairs demanding "Cæsarian section." The three principal ones are these, viz: Deformity of pelvis, rupture of the uterus, and escape of the child into the abdominal cavity and sudden death of the mother from disease or accident. There was no deformity of pelvis, since the doctor states that there were two births before and one since. No rupture of the uterus and no demand to bring a living child from the womb of a mother who has just passed away or is now passing, as in the case of the first of the Roman family of Cæsars. I do not attempt to criticise the article under consideration, but arise as a member of the "Society of Readers of the BRIEF," and ask my brother on my left if he can give evidence of the faith within him. I have been a reader of the BRIEF for a year, and I esteem the style in which it is conducted, and although I can not agree with Doctor Kirk, yet I strike hands with him as a co-laborer in the same field.

C. C. LEWIS, M. D.

Stamping Ground, Ky.

[For the Brief.]

HEMORRHOIDS—GONORRHŒA.

EDITOR MEDICAL BRIEF:—In November number of the BRIEF Luigi G. Doane, M. D., speaks of treating hemorrhoids by hypodermic injections. I agree with our brother in this mode of treatment, and think it is the only reliable and satisfactory way to treat or cure them. Take pure carbolic acid, with a few drops of glycerine, warm by the fire, and then with a syringe inject midway the tumor. Then on the fourth day give an active cathartic, and you will never fail to relieve your patients in a single case. Please give this a trial and report success.

Will Dr. I. J. M. Goss and other brethren please give their treatment for gonorrhœa. (I am partial to injections). Also treatment for tetter of the hands where it has involved the nails, making them thick and squamous. Benzoated oxide of zinc will cure most any form of eczema, but in this form of tetter it will not.

Monticello, Cal.

H. R. BELL, M. D.

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[For the Brief.]

POISON PRODUCED BY MORPHINE AND CHLORAL.

EDITOR MEDICAL BRIEF:—I notice some members of the profession have stated that by giving morphine and chloral in combination, a poison is developed in the system, but the question is as yet *sub judice*. I wish to give my personal experience of it to the readers of the BRIEF, although an isolated case. I have been using morphine for twelve years for an anomalous form of rheumatism, and desired to abandon its use. Was substituting Parke, Davis & Co.'s fld. ext. coca, with Woolley's opium antidote, of Atlanta, Ga., not knowing at the time the latter contained morphine. I became very nervous one night, and being in want of sleep, concluded to take twenty grains of chloral. In about an hour my sister discovered something unusually wrong with me and attempted to arouse me, but without effect. A physician was called in, and said I was insensible with cold extremities, spasmodic convulsions of arms and legs, twitching of the facial muscles eventuating in coma and stertorous breathing. I remained in that condition about twelve hours. My physician and I am confident that the condition was brought about by the combined action of morphine and chloral developing a powerful poison, which acted so perniciously and energetically upon the nervous system.

As the subject of prescribing and giving the two medicines in conjunction is attracting the attention of the profession, I feel it a duty to give its action as experienced by myself to the medical fraternity.

Marion, Ala. J. SPROTT, M. D.

[For the Brief.]

GLEET AND SPERMATORRHŒA.

EDITOR MEDICAL BRIEF:—Will some of the many readers of the BRIEF give best treatment for gleet and spermatorrhœa originating from gonorrhœa. W. H. GREEN, M. D.

Mooresville, Mo.

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[For the Brief.]

DEFINITIONS—MALARIA—EFFLUVIA—MIASMA—VALUE OF THEORIES—REASONS FOR ACCEPTANCE.

EDITOR MEDICAL BRIEF:—My effort under the above lengthy heading is called forth by reflections upon Dr. Birkhead's would-be splendid articles relating to miasma, which he tries to write out of existence, and at the same time uses terms such as effluvia, morbific principle, etc. Take it easy, doctor. We are going to examine a few of the terms used just to show how hard one can, if not careful, labor to create "a distinction without a difference."

First, then as to malaria, what does it mean? It comes from the Italian mala-bad and aria-air, both joined bad air.

Second. Effluvia, from effluo, to flow out. A term applied to exhalations or vapors (especially those of a morbific character) proceeding from anybody. Also frequently applied to animal or vegetable odors.

Third. Miasma, from miaivo, to polute, to corrupt; floating and impalpable morbific effluvia, the product of decay or putrefaction of animal and vegetable substances. Reviewing now our definitions we find, first, bad air; second, vapors of a morbific character—animal or vegetable odors; third, floating and impalpable morbific effluvia, the product of decay or putrefaction of animal and vegetable substances. The primal meaning of miasma then is to polute, to corrupt; polute what, the system directly or secondarily through the air we breathe? Through the air I should say. But then if miasma is a myth, how can that happen? Yet Dr. B. says so and it must be so because his theory is infallible, just as a great many others' are. The doctor admits a great many false theories in medicine, but how does it happen he never began beating the air on account of any, save this one, of miasm. Did he conceive the idea of creating a stir in the medical world? If he did he will certainly fail, for the reason that his theory is not inadequate to the facts, and I would just here remind him that theories to be accepted must be adequate to the facts, because, as Dr. Dunglison says: "Facts are undoubtedly the elements of science, but it is theory which binds those facts together, and without theory science may be said not to exist." Why then is theory relied upon in any sense? We answer, first, because as above stated, it is used to bind together facts, and when adequate to the facts, that is to say, when furnishing a better solution, for the existence of the facts, than any other theory—that theory is the one which will always be accepted. Dr. B.'s theory failing, so far, to account for many of the facts presented to him by some of the profession, must of necessity fall to the ground. But I can not hope to convince him, or he would already be convinced.

Surely enough has been presented to convince any convincible person. He speaks of a "furrowed cheek" and "half a century." I believe in the practice of medicine; still all the veneration and respect we have for age and experience can not make us quit what may be a poor theory for one still less adequate to the facts.

Quiet Dell, W. Va. JNO. GREGG, M. D.

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[For the Brief.]

A FEW THOUGHTS ON OBSTETRIC PRACTICE AND THE USE OF ERGOT.

EDITOR MEDICAL BRIEF:—Let me say to the young man who is just entering upon the duties of the medical profession: "The place whereon thou standest is holy ground." You are entering upon one of the most responsible careers of human life; and the young man fresh from the college is apt to be wise in his own conceit. I speak now from the experience of 1850, when we came to the front with a bright scroll of paper to recommend us to the patronage of suffering humanity. For the first five years we thought we had almost unprecedented success in the practice of midwifery, and think the bump of self-approbation was being developed. No bad sickness, and not one death had occurred among all my lying-in women; and it afforded great pleasure to witness the children, skipping and growing up along my path; but the experience of the next decade took the wind out of our sails and neutralized the bump of self-conceit. Puerperal fever, convulsions, shoulder presentations, placenta prævia, and almost all the ills to which the mother and infant are occasionally heir had thorned my path.

From the time, in 1807, when Dr. Sterns, of New York, wrote to Dr. Ackerly of the use of this drug, ergot has, by the untiring energies of the physician and therapeutist gradually assumed the front rank as a medicine; but this article will only treat of its use in the practice of midwifery. We were taught to reverence the old drug from our youth. When but a lad we were frequently sent to the field by an old physician to gather for his practice the crude secale cornutum; and on interrogating the doctor as to its use he would answer: "My boy, it is a great medicine." So when a medical student we were early lead to enquire after its virtues. And with this weapon of defence, for the trying hour of faultering and tedious labors, we sallied forth into the field, and very thoroughly had the physicians who had preceded me in this field prepared the women for its use, for when women have taken this drug a few times in labor, when their labor arrives at that crisis it will almost invariably lag and wait for its specific action. Thus in our early practice we were almost compelled to call it to our aid, and it seemed often to hastily help us out of our trouble in tardy labor. We were not among the skeptics as to its action upon the gravid uterus, having at an early day been, by accident, convinced of its power. We at that day used chiefly the crude article from the field. On one occasion, when attending Mrs. A. in her second labor, for me (she being one of those women who had previously taken ergot in about eight labors), all at once the labor almost instantly stopped, the os being now well dilated and everything favorable for a speedy delivery. The woman said: "Oh, doctor, you will have to give me that tea; the doctors always had to do it." So the inevitable tea being prepared and given into the hands of an old nurse woman, to be given in small portions every ten to fifteen minutes,

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till pains returned, we retired for a rest and to await results. The old lady, acting on the principle that if a little will do good more will do much more good, gave the whole at one dose, and in about fifteen minutes a hurried messenger said: "Oh, doctor, come; come quickly;" and on hastening to her chamber we found the patient in a most powerful contractile pain, in which the child, a living boy, and placenta were both expelled, and it seemed for a time that the womb must come with them. Had not this woman been previously in the habit of taking the ergot, there would have been no demand for its use. From this time I began carefully to study the proper use of ergot in the practice of widwifery, and we were not long in arriving at the conclusion that this potent drug positively killed babies, and it is a fact as well settled with us as any other fact can be, that in almost all cases where we have for any considerable length of time the unintermitting pains of ergot pressing upon the cord, the child will be dead born, as when the cord is wrapped around the child's neck, and passing back over a solid part of the body, as in a large class of cases after the waters have flown off, the cord will settle between the limbs or on any solid part of the body, any protracted unremitting pains will strangulate the child. Thus this grand medicine may be, and we are confident often has been, in the hands of the hasty, thoughtless and careless accoucheur, a deadly weapon for the destruction of infants. Having thus settled this matter more than twenty years ago, we have used but little ergot in all that time, to promptly aid in the expulsion of the child in tedious, protracted, and difficult labors. The skillful must and will find better and safer remedies.

January 1, 1868, we determined to test, if possible, the result for that year of the entire suspension of the use of ergot to increase uterine contraction in labor, and the result stands, upon my book, forty-eight lying-in women, with forty-eight living children. No child died in labor. There were two dead infants, both premature, one in a sloughing condition, and the other some time dead, and there were two pair of living twins. Since that time we have used ergot with a cautious hand in labor.

A case just now lying in will well illustrate our point—Mrs. H., thirty-four years of age—was called to her October 27, at 6 P. M. It proved a rare case in obstetrics, for me, the first face presentation in thirty-one years. We carried the patient through the labor of just forty-eight hours, on the quieting-resting plan, with very little exhaustion on her part; in fact, after one hour's rest, she said I am not one bit exhausted, and feel almost as well as if I had had no labor; and to date there has not been one untoward symptom. This couple being wealthy and having been married eight years without issue, were more than anxious for a living child; and the husband requested that no means be neglected to save the mother and child. Counsel sent for at 12 o'clock, second day; and arrived at 4 P. M., and child delivered at 6 P. M., by aid of vectis; chin in front of pubis and os frontis in sacro perrineal region. On arrival of counsel at 4 P. M., he immediately suggested ergot; I said no,

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these folks want a living child, and ergot kills babies, but he insisted that it did not, and demanded of me in what way it endangered the infant's life.

The pains being prompt and good, the ergot was deferred until 5 P. M., when by mutual consent, 2/3 drachm fluid extract was given, followed by prompt action, almost continuous pains for one hour, when child was delivered with cord wrapped around its neck, and no circulation in cord, and to all appearances child dead enough; but with prompt efforts at artificial respiration, and the God send of re-established circulation in cord in five to six minutes, we, in due time, handed over a fine living boy to the thrice happy parents.

Now this child made a hair's breadth escape, and if the ergot had been given at 4 P. M., two hours previous, it would, we think, have been fatal to the child, whilst on the other hand, had we given no ergot the labor could have been terminated almost as soon, with unobstructed circulation in cord, and a squalling babe.

When, then, will we use ergot in labor? We would say promptly, in all cases of active hemorrhage; and in all cases in the very last pains when from any cause we fear post partum hemorrhage; and there are many cases in lethorgic condition of uterus when we are justifiable in giving it in frequently repeated small doses, till we give tone to the uterus.

In the fall of 1867 we carried safely through a case of placenta prævia by the aid of ergot. On arrival, found the patient much exhausted from hemorrhage, and yet in first stage of labor; os but half dilated, and presenting placenta, filling mouth of womb, all things indicating a prompt labor, if patient's strength could be supported. Used tampon pressed tightly against presenting placenta, till from character of pain, labor was evidently far advanced; then, when under the prompt influence of ergot action, removed tampon, when both placenta and child were promptly expelled. Mother and child in good condition, being almost no hemorrhage after use of tampon. But the BRIEF says stop. At another time, if thought best, we will speak briefly of the resting plan of treating difficult labors.

J. M. EVANS, M. D.

Clarksburg, Ohio.

[For the Brief.]

PRURITUS OF THE ANUS.

EDITOR MEDICAL BRIEF:—I have a patient afflicted with pruritus of the anus. Will some of the readers of the BRIEF give me a remedy?

Silent Run, Ky. W. H. BALDWIN, M. D.

CELERINA.

I have prescribed CELERINA in my practice and find it to be a *superior nerve tonic*, and take pleasure in recommending it to the profession.

Foosland, Ill. H. L. HARRISS, M. D.

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[For the Brief.]

AN ANOMALY IN THE SITUATION OF WORMS.

EDITOR MEDICAL BRIEF:—Having been a reader of the BRIEF for two years, I have noticed sundry interesting, unusual, and mysterious cases reported. I, too, have an anomaly to report. I am living in a portion of Illinois that is infested with milksickness, and have recently treated two cases of that disease in a family whose dog had the same disease (I did not treat the dog, but it is concerning him that I am going to write). Owing to the prejudice and superstition of the people I have never had an opportunity of holding a post-mortem examination of the human subject dying of milksickness. But in the instance referred to the dog died, and, as there was no objection, I concluded to hold a post-mortem over the dog's remains to see if I could find any anatomical lesion peculiar to milksickness. During the dog's illness I noticed a violent pulsation of the abdominal aorta, and when I opened the heart I found twenty-six worms, from twelve to sixteen inches in length, about as thick as a medium-sized knitting needle, tapering at both extremities and of a pearly white color. About two-thirds of the length of the worms extended into the aorta, the other third passed through the left ventricle, through the auriculo-ventricula, opening into the left auricle. A heart-clot, about the size of a filbert, had formed in the left ventricle. As this article was intended for worms and not milksickness, I will pass over the examination of the other viscera. The worms of course killed the dog. But how did they get there in such numbers and size? If they had pierced the walls of the aorta there would surely have been hemorrhage of which there was none.

Can any one tell from the description I have given what kind of worms they were?

J. W. MURFIN, M. D.

Vernon, Ill.

[For the Brief.]

HYDRATE OF CHLORAL IN CONVULSIONS.

EDITOR MEDICAL BRIEF:—Seeing Dr. Merriwether's article on "Hydrate of Chloral in Convulsions" elicits my experience with this medicine. I have used it quite extensively in convulsions in children, puerperal convulsions, delirium tremens, and as an enema in dysentery. I have never been disappointed with it, but have had most flattering results when used as an injection in the latter disease. I dissolve one half a drachm in starch water, four drachms, and inject into the rectum every fourth hour until the character of the discharge begins to change. It acts as a disinfectant and soothes the inflamed bowel. I consider it infallible. Have recommended it to several of my fellow practitioners, and Dr. J. W. Thompson informs me that his experience with it as an enema in flux has been most satisfactory.

F. T. DAVIS, M. D.

Paducah, Ky.

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[For the Brief.]

A DOCTOR'S LIFE.

BY A DOCTOR'S WIFE.

Some talk of the freedom from strife,
Of a Doctor's life.
Little they know of what he dares,
And the many hardships he bears;
They think it but play,
To ride miles away—
No matter how small the pay.
Hear what Dr. Mott used to say:
"Carry a large pocket for curses, a small one for pay."
A saying qui e true in this day.
Little such people know of the nights,
When, as for his life, he fights
The grim monster, almost despairing,
Of bringing some loved one back to life, yet daring,
To do all within his power;
If successful, it brings him richer dower
Than all Earth's gold—
For this is wisdom not bought or sold.
If not appreciated by all,
We have to attend on every call;
I assure you it is a hard fate,
No matter how early, or late.
It's all the same, far or near,
You have got to appear,
Out of a warm bed, up and away,
Not home again until it's day;
Then listening to the woes of all,
Who may on you chance to call;
Sending medicine here and there,
Over all having a care.
Your heart goes out in sympathy,
Over the sick ones you long to free
From their misery and pain;
All this is not for worldly fame,
Or the money you may gain;
It is a comfort to know in your heart,
In life's work you have done your part,
And are laying away treasure—
For the final day that has no measure.

Clinton, Conn.

THE MEDICAL GLEANER.

The success of the GLEANER *is very much greater* than our most sanguine anticipations—the GLEANER will not contain any article that appears in the BRIEF—they are separate and distinct journals. The BRIEF will contain *original articles, exchange of views, etc.*, from the bone and sinew of the profession, the practicing physicians of the United States. The GLEANER will contain a condensed summary of medical facts, or gleanings from foreign and American medical journals. Each number will *be full of the best things*, and will contain no original articles. ☞ The MEDICAL GLEANER will be sent to subscribers of the BRIEF for *One Dollar* a year—January number now ready—*subscribe for it at once.*

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[For the Brief.]

INFORMATION WANTED.

EDITOR MEDICAL BRIEF:—I would be pleased if some of my brother practitioners would give me a line of treatment for the following cases. As physician to our County Infirmary, I have: 1st, a man aged sixty-three years, blind, and not of sound mind. About two months ago the left testicle began to swell, and not long afterward the right began to swell also. When my attention was called to the case, I diagnosed orchitis, due to self abuse, and treated accordingly. No improvement; right testicle did not increase, but left did, attaining size of nearly five inches in length by two in diameter; no particular pain complained of; scrotum inclosed in a suspensary bandage affording complete immunity from suffering.

2d. A man aged about forty-five years, *non compos mentis*. Last Wednesday, November 30, he was helping to shovel coal into cellar coal-hole as the team delivered the coal; returning to his room in the evening he became boisterous, giving the ward nurse considerable trouble. On Thursday morning I visited his room, found him dressed and about; upon examination, the patient, in reply to my questions, said he was ruptured; I found an enlargement, of very recent formation, nearly the size of a hen's egg, and very hard, located in the left groin. At first sight it presented the appearance of a bubonocele, but upon attempted taxis I found it very hard, not pointing toward the scrotum, and lying almost entirely to the left of the external abdominal ring. The body was then bent forward, limbs flexed and adducted, relaxing parts thoroughly; taxis for reduction of femoral hernia resorted to without success. Space forbids giving in detail the course pursued, suffice, that case remains as I found it; no pain having been complained of from the first; the patient is rapidly becoming emaciated.

3d. Colored boy twelve years old. Nearly six weeks ago I was called by his mother to see him. Found child in bed; temperature 102$^{2}/_{5}$°; dull; with difficulty, induced to answer my questions. Mother said he had been sick about a month; had sore throat, fever and diarrhœa; that she had carried him a few days before to a homœopathic physician, who told her he had the scarlet fever, but gave no treatment. After treating the boy two or three days—he had rapidly improved—I was asked if it was scarlet fever. I answered, my judgment was that it was not; then followed the question: "Can my children—the boy, and a little girl eight years old—go to the infirmary?" Not feeling like taking the responsibility of giving my consent to admit the children into the nursery with about fifty other children, I advised that another physician be called, and asked his opinion as to the contagious character of the disease. The case was decided not contagious, and the children admitted. The boy continued to improve, but the little girl a day or two after admission complained of a bad cold, with some fever. Found temperature 100$^{1}/_{5}$°, pulse 108, respiration 26. Next day, temperature 106° strong, pulse 160, respiration 41; child very restless. Third day, 10

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A. M., to my surprise found temperature 98, pulse 84 and very weak, and respiration 19. Arms and legs cold to body; had child put in hot bath, until circulation was restored. Constipation present; moved bowels and case began to improve. On this day the mother was present. On the fourth day after, in the morning, the mother, having slept at the house of a friend over night, complained of pain in the region of the heart, and soon after fell to the floor unconscious. I was sent for a number of times during the day, but other engagements prevented my reaching the case until between 5 and 6 P. M. Found the patient had been speechless since near 9 A. M., the pupils contracted to size of a pin head, breathing stertorous, etc. Case beyond all efforts or hope; died at 10:25 P. M. The day after the death of the mother the boy's face was noticed swelling rapidly, and when I saw him at noon I found the face much bloated, and that there had been considerable epistaxis. At night the bloat would in a measure disappear. For the last few days the face continued flushed and swollen, the eyes injected, lips puffy and sore, and more or less epistaxis present much of the time. Eats hearty and plays about cheerfully. Following upon this, the little girl yesterday began to be acted upon in a similar manner. No other children in the nursery are in the least affected by this disease. What is it, and what shall I do for it? I can not give sufficient details to make the cases as plain as I would like, nor can I give the line of treatment pursued.

If T. H. Gordon, of Mississippi, for the case of hemorrhoids, will use female syringe and inject pure linseed oil as high as sigmoid flexure, his patient will receive great relief, and I think a positive cure effected. I have just tried it in an apparently similar case.

Wyoming, Ohio. JOHN T. BOOTH, M. D.

[For the Brief.]

WHAT GULF WEED IS.

EDITOR MEDICAL BRIEF:—In reply to Dr. Harding's inquiry I would state that gulf weed is an extra officinal described in the French *Codex;* it is one of the numerous species of fuci. I have never used any of its preparations except the powdered extract, prepared, I think, from the fresh weed, gathered on the Levant—it is imported from London. I first used it in epilepsy, in which it sometimes effects cures if the epilepsy is due to corpulence. It rapidly reduces flesh and emaciation without apparent injury to the general health. It is peculiarly adapted to functional nervous diseases, more especially those of the ganglionic system. It acts almost specifically in the relief of ovaritis. It is valuable as an absorbent in glandular and other enlargements. It acts in corpulency by promoting the absorption of adipose tissue and lessens the secretions from the oily sudoriferous glands. Its high price, forty cents per ounce, will prevent its general use. The dose is two grains every two hours. M. MILTON, M. D

Bradford, Pa.

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[For the Brief.]

MIASMA.

EDITOR MEDICAL BRIEF:—Having read with some interest the various articles in the BRIEF on "Miasma," and not being exactly satisfied as to its mythiness, or, that it is a real unconquerable elephant, with your permission, I would like to sandwich in a thought, if not a self-evident truth, which it seems to very much resemble. I believe that it is an established fact that dry atmosphere inhaled is quite saturated with moisture when exhaled, and that with it goes the gases arising in the economy of organized nature. Now Professor Wood informs us, and it seems to me, correctly, that "it is probably owing to the affinity between miasm and moisture that our greatest danger exists."

Whether this language has a foundation in fact or not, it is to the point, for, if the air breathed is already saturated, it is a bar to the further elimination of the aqueous element by the lungs, as also, from the pores of the skin to a great extent. Then what provision is there through which the organisms can rid itself of the surplus fluid and the accompanying gases, except through such channels as may be seriously affected by their influences? Then the question "Miasm:" is it a poison inhaled, or a poison retained, not exhaled? I need not elaborate at this time on the question, nor does it seem to be necessary. The influences of carborated gases, the narco-deadening effect (if the expression may be used) may be easily traced, and if so, the etiology of much of our so-called malarial fevers.

To-day we are in the full vigor of health, to-morrow finds us in the swamps of the Carolinas, or between decks of the emigrant ship. The outcome will be quite the same. In both, the constant breathing of air loaded with the debris of organized nature can but check nature's own channels of elimination. If this be true, the organism will soon begin to feel the grumblings of approaching disease, which, like the storm-cloud, may burst upon it with destructive fury.

There is, however, a thought closely connected with this so-called malaria, that is, the how? or why? of the peculiar effect on the economy of organized nature. To discuss it fully, or even but partially, would require too lengthy a paper at this time. J. B. PAUL, M. D.

Havana, Ill.

[For the Brief.]

MATERNAL IMPRESSIONS.

EDITOR MEDICAL BRIEF:—Reading in the BRIEF of anomalous cases in obstetrics reminds me of several which have occurred in my practice. On August 13th, 1857, I was called to see Mrs. K., and found her in labor at seventh month. On examination found dilatation complete, and a breech presentation; in two hours child was born, well developed, but small, weighing only three pounds. Upon making examination found another bag of waters presenting, ruptured membranes, and an

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enormous quantity of water was discharged, after which another breech presented. Child soon born minus one-half of head; the top and back of the head was cut off from directly above the eyebrows down to the base of the brain behind, as clean as could have been done with a surgeon's knife, a thin membrane covering it; it was perfect otherwise; it struggled and made ineffectual attempts to breathe, then died; it weighed three pounds. The other child lived three days. In 1868 I saw another case like the above as regards the head, but large and well developed, weighing eight pounds. From 1852 to 1863 my partner and myself delivered a lady five times, and every one of the children had five fingers on left hand. This lady had never seen a five fingered hand in her life. I have had for twenty years, in my office, an ear of corn containing perfect wheat kernels mixed in with the corn, with wheat chaff on, other kernels one-fourth wheat and three-fourths corn, while others were half and half, and all covered with the wheat chaff. The balance of the ear is covered with perfect corn. This ear of corn was never frightened in its infancy. It grew in our own field. If any of the M. D.'s who are strong believers in this marking business will call at my office, I will take pleasure in showing them this curiosity.

Michigan City, Ind. W. R. GODFREY, M. D.

[For the Brief.]

WHAT IS THE DISEASE AND ITS REMEDY?

EDITOR MEDICAL BRIEF:—Through the medium of your columns, I would respectfully ask Dr. Goss to please give diagnosis and treatment in the two following cases:

Case 1 is a lady over fifty years old. She has been under treatment for four or five years for the following symptoms, having tried the skill of almost all the M. D.'s in this part of the country, and has just recently applied to me for aid. Her symptoms are a feeling in the brain as if there are maggots, like we see in putrid meat, crawling in it; worse at night, and sometimes feels as if there are caterpillars crawling all over her body. She also has an eruption all over, even on the soles of her feet; it comes and goes; sometimes looks like hives, at other times like urticaria; it itches and burns. The brain symptom gives her most trouble, as she can not sleep at night from the crawling sensation.

Case 2 is a lady (German) aged fifty; average hight; weight, one hundred and fifty pounds; dark hair, brown eyes, sallow complexion; bowels constipated. Is greatly troubled with a belching of wind, in which effort she makes a most peculiar noise. It is neither hiccough, sneeze, nor retching, though resembling the last named most of anything I can describe. It is worse at night, and you can hear her at a distance of a block from where she stands; has had the trouble five years. Any assistance in these cases will be most thankfully received.

Warren, Mich. J. C. FLYNN, M. D.

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[For the Brief.]

GLEET—HEADACHE—INTOLERABLE ITCHING.

EDITOR MEDICAL BRIEF:—I have a few cases, that I would like to get the opinion, as regards the best treatment, from the subscribers of the BRIEF, from the oldest to the youngest, so Dr. Goss may consider himself asked to reply. My first case is one of gleet of five year's duration, and have used injections of lead and zinc, tannin and lead, and nitrate of silver; also, blue-stone and alum, given internally, oil of sandalwood and quinine; the sandalwood seemed to aggravate the disease; the injections will stop the discharge for a while, and in a few days a clear water of an ichorous character will set in, and form little blisters on the glans penis, and surrounding parts, which causes the patient a deal of annoyance and discomfiture. Patient is a male, aged thirty-three; never had clap or any thing of the kind. Second case is that of a female, aged twenty-five, mother of one child, says she has been troubled for some time, a year or two, with continual headache; no nervousness or sickness precedes or accompanies it; says it is in the top of her head. Third case is that of a male aged forty-five, who has, as he described it, an intolerable itching of the scrotum, says he has taken a bottle or so of cuticura and used a salve of the same name; also, tincture iodine, carbolic acid, and glycerine, all to no effect. Now, say what it is, and how to treat it. J. T. WERDMAN, M. D.

Browns, Ala.

[For the Brief.]

PHTHISIS PULMONALIS.

EDITOR MEDICAL BRIEF:—In the October number of the BRIEF, Dr. A. J. White wishes a remedy for the above disease. I will give my treatment:

R. Magnes. Sulph.....1 ounce.
Quiniæ Sulph.....1 drachm.
Morph. Sulph.....2 grains.
Antimon. Alb.....2 grains.
Aquæ Font.....1 pint.
M. Sig.: Give one tablespoonful before each meal.

Give your patient cod liver oil and good whisky; commence with one teaspoonful of each, and increase the dose to one tablespoonful, one hour after meals.

Silent Run, Ky. W. H. BALDWIN, M. D.

Dr. Tuckerman says: Quinine may be rendered tasteless by giving it with powdered slippery elm bark. Take about five grains of the bark and mix with about half a tablespoonful of water, stirring till the mass is thoroughly mucilaginous; then mix in the dose of quinine, and give it to the patient, following it with a swallow of water. The bitter is barely perceptible.

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[For the Brief.]

GELSEMIUM—BALM OF GILEAD.

EDITOR MEDICAL BRIEF:—To all inquirers for a successful remedy for cerebro-spinal-meningitis, use gelsemium in controlling doses and keep your patient under its control until recovery, for days at a time, as a contributor in a former BRIEF has and does do, and written it up for the benefit of all. Now, once and for all, gelsemium sempervirens controls all or relaxes all muscular contractions. Hence, give it in cerebro-spinal-meningitis, lock-jaw, and puerperal convulsions, keeping vagina absolutely clean with warm suds and an antiseptic, and if a rapid, full, boun ling pulse, alternate with veratrum viride. Give gelsemium until patient can only open one eye at a time; I do frequently in fevers. Gelsemium does not paralyze, only relaxes; always my first anti-fever remedy. Give it in neuralgia. Often take it myself until I can not walk erect.

In November number, 1881, page 589, Dr. Joseph F. Birkhead advises flannel roller to child at birth, from diaphragm to pubes, and continue for thirty months, on account of teething. I would say continue roller onward and upward over mouth, nose, ears, and eyes. It will only kill a little quicker and avoid much misery to child. No, sir; for a moderately healthy child, loose clothing always. Cut gums parallel; never cross incisions.

Inquirers in diphtheria, croup, etc., see page 606, November number, 1881, and you have it, thanks to Dr. W. A. Scott, and I will thank him again and again if he will write in detail all he can of the grand old remedy.

Some time since inquiries were made for balm of gilead buds. They are scarce; but last spring when the buds were fullest of virtue, or gum, I gathered three quarts and covered with alcohol the same day as gathered. Any in want, at $2 per pint, more or less, can order. A son told me his own father was confined to his bed with "phthisis pulmonalis, (tuberculosis,") and raised daily a common pail ordinarily full of tuberculous matter, and was cured by tincture of balm of gilead buds, which ought to be used more in lung diseases.

Auburn, N. Y. GEORGE S. EVERTS, M. D.

[For the Brief.]

RIFLE PRESCRIPTIONS.

EDITOR MEDICAL BRIEF:—J. H. McCarty, M. D., of Jefferson, Ga., in November number of the BRIEF, page 586, gives the history and symptoms of two cases (No. 1 and No. 2) and asks, "Will that brother chip who writes about 'shot-gun prescriptions,' shoot at me.

I am not the "shootist" referred to, as I am a strong believer in "rifle prescriptions," and will volunteer one, as I think I can help the doctor a little.

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I think the trouble with his cases, especially No. 1, is largely due to passive congestion of the base of the brain accompanied by that peculiar condition of the nervous system shown by a quick, sharp, vibratile pulse, and enlarge papilla of tongue, the tip being very red (rose red) and pointed.

Bromide ammon. fifteen to twenty grains, four to five times per day, largely diluted. Alternate with rhus. tox. (spec. tinct.), ten drops; aquæ, four ounces. Mix. Teaspoonful doses.

No. 2, I think would be greatly benefited by the ammon. bromide., given as above, but if there is any displacement or chronic imflammation of the womb or associate organs, that would have to be corrected, of course. For the biliary trouble, chelidonium (spec. tinct.), one drachm; aquæ, four ounces. Mix and give teaspoonful four times per day, or the chionanthus virg., in thirty drop doses instead If the doctor adopts my suggestions, will he please report? It is the only way we can learn through the BRIEF. J. W. PRUITT, M. D.

Russellville, Ark.

[For the Brief.]

CHRONIC CATARRH OF BLADDER.

EDITOR MEDICAL BRIEF:—A case of chronic catarrh of the bladder, of nearly eight years' duration, with enlargement of the prostate gland, and spinal irritation, also attended with ringing in the ears, loss of hearing, loss of memory, loss of healthy appetite, and, to some extent, loss of taste and sense of smell. About the neck of the bladder and prostatic portion of the urethra there is excessive tenderness, and the act of urinating is attended with a scalding, burning, cutting pain, which is next to unbearable, and with a bearing-down spasmodic action of the sphincter muscles of the bladder and rectum, which makes it both painful and difficult to pass off the urine. In fact, the bladder never empties itself. I don't think more than half or two-thirds of the water passes off at any one time. The patient can not use any of the balsams, or turpentines, or any medicine that has pepper in it. These medicines produce strangury at the neck of the bladder as severe as the worst cases of strangury produced by fly-blisters. I will further state, the patient has lost all sexual desires for more than six months. The patient is sixty-two years old. The foregoing case is published with the patient's hope and request, that some of the many contributors to the BRIEF will publish their treatment in such cases, in order that something be done for him. W. E. BOWLING, M. D.

Davisville, Ala.

IODIA.

I have become very much attached to BATTLE & CO.'s alterative IODIA. I keep it on my shelves, it being one of the few medicines or remedies I keep for personal dispensing. E. J. FISK, M. D.

Troy, N. Y.

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[For the Brief.]

PROGRESSIVE LOCOMOTOR ATAXIA.

EDITOR MEDICAL BRIEF: — There has been inquiry made in the BRIEF in regard to the diagnosis and therapeutics of locomotor ataxia. I propose to give a short history of the two cases that I have met with and treated since the investigation of Duchenne in this disease. My first case was one of my sons, a lad six years of age. The first manifestation of the disease occurred immediately after his convalescence from an attack of remittent fever. He would suddenly cry out, and when asked the cause of his complaining, he would say a pain struck me at such a place as though a pin or needle was stuck into me. These fugitive pains first invaded the lower extremities, but afterwards the body and upper extremities. At the time I thought they were neuralgic pains caused by the malarial poisoning of the system. The first time I noticed any defect in co-ordinating muscular power in locomotion was when he arose from his bed one morning and passing across the room he had to take hold of the chairs to control his movements, and observing that I was watching him, he said, "my legs feel like they were drunk." I had him under strict observation for several days before I put him on treatment. He would frequently, when standing, if made to shut his eyes, fall upon his back, and on walking could not set his foot down at the point aimed at; his walk was a shamble; his legs winding like the legs of a cow when trotting. Converging strabismus of the right eye, pupil contracted and vision slightly impaired. If the upper extremities were affected in the least at this time it was not discernible, but the disease rapidly progressed in the lower extremities, and the power of locomotion was soon lost. Bromide pot., cimicifuga, and iron were prescribed and their use persevered in for some time, with but slight improvement in the case. Stimulating applications were made over the course of the spine. After testing the above remedies and others of like nature, I put him on Fougera's comp. iodinized cod liver oil. I gave him three bottles of the oil before stopping its use. Also, gave him a shower bath over the spine for six or eight days at a time, then intermitted for a few days, he was carried into the open air every day when the weather was pleasant. He began to walk by the time he had finished the second bottle, and by the time the third was taken he was, to all appearances, completely restored to his former health. A notable circumstance, after his convalescence, was, he did not grow in height or increase in weight for twelve months. Since that time he has continued to grow without interruption, and is now as large and active as the generality of youths of his age.

Case second—Kate M——, aged seven years. Four years ago Mr. M. came to me, and said there was something the matter with his little daughter's right arm and leg, requesting me to see and examine her. I found the ataxia confined to the right arm and leg. She could not carry the right hand to any given point. I laid an object upon the floor and told her to pick it up, but in every attempt the hand (the right

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hand) would go beyond the object, to one or the other side, or fall short of the object; the same inability existed to set the right foot down at any given point. When instructed to walk she would go in a half running shamble, the right foot making a swing around to the right, and never appearing to come down at the proper place; pupil of the right eye slightly contracted, eye normal in other respects. Without any preliminary treatment, I put this case to taking Fougera's comp. iodinized cod liver oil; the only additional treatment in this case was the shower bath over the spine, water first tepid and then cold, open air exposure in suitable weather, as in the first case, bowels regulated and a nourishing diet prescribed. This case commenced improving the third week after she was put upon the oil, and continued to improve until convalescence was thoroughly established. I do not think there is any remedy that will so quickly and completely restore the spinal cord from its degenerated condition as the iodinized cod liver oil. Time enough has elapsed, in both of these cases, to remove all apprehension of a relapse. From my limited experience in the treatment of locomotor ataxia, and a careful study of the literature at my command, the following conclusions are arrived at: First—in childhood and youth locomotor ataxia is curable in the strictest sense of the term, but few grave diseases yielding more readily to proper treatment. Second—from youth to middle age the disease is not so easily controled by therapeutic measures, the percentage of incurables being largely increased. Third—from middle age paliation is the most that can be hoped for under any known treatment.

T. N. KING, M. D.

Paradise, Ky.

[For the Brief.]

FIBROUS TRANSFORMATION.

EDITOR MEDICAL BRIEF:—Will some of your many correspondents, through the medium of the BRIEF, give me a remedy for the following case. I have a patient some fifty years of age, who is annoyed with a patch the size of a nickle, situated in the fibrous sheath of the cavernous body of the penis. It occasions him great annoyance, and renders him somewhat impotent. The deposit is of several month's standing, and, I think, organized. I would be very thankful if something could be suggested to remove it without having to resort to excision.

Parkville, Mo. J. W. RINGS, M. D.

[For the Brief.]

SCARLET FEVER.

EDITOR MEDICAL BRIEF:—Will some of the many readers of the BRIEF give me their experience in epidemic malignant scarlet fever, treatment, mortality, etc.—their experience, not theory?

SUBSCRIBER.

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[For the Brief.]

ANTE-NATAL IMPRESSIONS.

EDITOR MEDICAL BRIEF:—I am aware of the skepticism of the medical profession upon this unsettled question. I am not ignorant of the fact that it is regarded as a superstitious relict of the dark ages. This article is not intended to keep up the useless discussion of an unprofitable subject, but merely to furnish a chapter from experience which looks very much like a confirmation of the doctrine of mothers' marks. Several cases will be reported in plain, unprofessional language, in the order in which they occurred. We wish to premise what we have to say, by stating that these cases came under our own personal observation, and their truth and correctness is thoroughly avouched, and can be substantiated:

Mrs. B., a sister of the wife of the overseer on my father's farm, in Pickens County, Ala., was pregnant of her first child. Her husband was a very poor man, a painter by trade, and they doubtless lived hard. They had a single hog—a black pig—which was in good condition, and which the wife repeatedly begged her husband to butcher for her, but he obstinately and cruelly refused. When the child was born, from the right orbit to the edge of the hair was a black, circular spot of scurfy skin, covered with hair, very much disfiguring an otherwise well formed and beautiful child. I knew her until she was grown, when she concealed the deformity by neatly combing the hair of that side over the unsightly mark.

Mrs. C., a neighbor lady, had a negro woman in the family-way, who, on returning from the field, climbed from the fence into a peach tree to reach some fruit on the higher branches, when she suddenly discovered a black snake above her. She hastened down and hurried home in great nervous trepidation and excitement. The offspring was idiotic, and when it learned to walk, as long as it lived (it died at the age of fourteen or fifteen years) always delighted in moving a string, piece of rope, or anything with which it could produce a wavy; serpentine motion.

I was called to superintend the confinement of Mrs. A. After the quickest breech labor I ever witnessed, she was delivered of a large, well-developed boy. Having seen her safely through a couple of hours, I passed up the road to see some other patients. On my return, next morning, in response to my inquiry for her welfare, she informed me that she was well enough, but that the babe was ruined by a mark on its face. For the purpose of investigating the subject, I inquired if she could account for it in any way. The whole of the left side of the face, from the eyebrow down, had the appearance of blood or wine poured over it. She called my attention to the circumstance of my having been sent for in the family on the occasion of one of the children having, accidentally, struck another with a hoe precisely in the place corresponding to the location of the nævus. She said the child came running, unexpectedly, into her presence with one side of its face dripping with fresh blood, and that it shocked her and she felt sick and faint.

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Mrs. W. was living in the family of her father-in-law. A young lady had a coal oil lamp to explode in her hands. The burning oil struck the arm of a little boy. Mrs. W., pregnant of her first child, assisted in removing the clothing, the coat bringing the skin with it. She turned sick and had to desist. I superintended her lying-in, and the infant was marked by a reddish, raw-looking spot on the same arm, the right, that was scalded, and in the same situation.

Can any one account for these cases (attested as they are) on the hypothesis of arrested development or abnormal evolution. The writer has as little superstition about him as any one, but he does not consider it the part of wisdom to discard the evidence of his senses because he can not explain them upon scientific principles.

Homer, La. J. ATKINSON, M. D.

[For the Brief.]

ANSWER TO QUERIES.

EDITOR MEDICAL BRIEF:—Dr. C. Kendrick asks me what I would do for a young man who has seminal emissions (nocturnal emissions) two or three times a week while sleeping—emissions sometimes attended with pleasure. When young he voided his urine often when dreaming. Is there any connection between those cases that dream and void urine and those that dream and have emissions of semen? I think there is a direct connection between the two emissions. For the nocturnal emissions I would suggest five drops of the tincture of dioscorea (saturated tincture of the fresh root) three times a day, alternated with nuphar lutea, the tinct., five drops three times a day. If these do not benefit the patient in two or three weeks change for five drops of the tincture of staphisagria alternated with phosphorus acid, thirty drops, three times a day.

Dr. G. F. Griffin asks me how I use lycopodium and robina. Lycopodium may be pulverized by adding one grain to nine grains of sugar of milk, then pulverize thoroughly in a mortar, then from one to two grains may be given three times a day. I make a tincture of robina as I make all saturated tinctures (see my Materia Medica), and give three to five drops of it three times a day. The tincture of robina thus made and given is one of our best remedies to prevent fermentation of the stomach. I have relieved several cases thus.

Marietta, Ga. I. J. M. GOSS, M. D.

[For the Brief.]

CORRECTION.

EDITOR MEDICAL BRIEF:—In December number of BRIEF, page 643, my prescription should read cinchonidia, 40 grains, instead of 11 grains. H. D. FRENCH, M. D.

East Lynne, Ill.

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[For the Brief.]

LUSUS NATURÆ.

EDITOR MEDICAL BRIEF:—In reading Dr. Mitchell's case of lusus naturæ in the November number of BRIEF, I was reminded of three cases so precisely like his, that I thought I would notice them in the BRIEF, so that practitioners may form an idea as to the frequency of such cases. They occurred during the first ten years of my practice, about thirty years ago.

My first case was a primipara, and an old girl before marriage. The others had had children before. The parties were unknown to each other, so that in no case one could have caused the other. There was no attempt in either case to account for the deficiency of the cranium. I was present during the labor in all three of the cases. In each there was life until birth and no longer. If Dr. Mitchell had manipulated his case I think he would have been as much at a loss as I was to know the presentation or determine what was coming. In the last two I was acquainted at once with the condition of things. One thing may be observed as rather remarkable, that all three cases should have occurred during the same period of time; and, in the balance of a forty-four years' practice I have seen nothing of the kind, and Dr. Mitchell's is the only case I ever saw reported. JOSEPH C. WEATHERBY, M. D.

Clarksboro, N. J.

[For the Brief.]

MATERNAL IMPRESSIONS DURING GESTATION.

EDITOR MEDICAL BRIEF:—Under the above caption Dr. Wagner, in his closing paragraph, November BRIEF, in his opinion (so I say), enters an eternal *nolle prosequi* upon the ante-natal marks, or nævi materna, but peruse my little say, and I think the controversy will be at an end.

Was my story not true, and so recent, I would give my name to the readers of the BRIEF, and though it runs like a love story, it is the more strangely true for that.

Mr. ——— called on me one evening and stated that his wife was not well; had not been well for over five years; in fact, was said to be sterile since the birth of her first child, and that child was "too timely plucked" was a seven month birth.

I saw his wife, and made an examination, I did not find a great deal the matter, only a little endo-cervitis, that soon yielded to a few applications of a solution of nitrate of silver, five grains, to an ounce of water. I did not stop treatment after the slight inflammation was well, but kept it up for several weeks making a specular examination three times each week. She had been treated for sterility by several good gynæcologists, and by one of the best in St. Louis. The insatiate longing of the lady and husband was to have another heir to take off her reproach. 'Twas said, the husband was "incapable," and that the first was "subsoiled."

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After a few months' treatment my patient was found to be enceinte, and wagging tongues ran about to gossip. We suffered many persecutions, and we often spoke of what was said, and I have often seen her n tears because people said we had prostituted ourselves, and had even added to her reproach. She and her husband were of black eyes and hair, and dark complexion. The two seemed to constitute only one pole of a battery, so much alike were their temperaments.

People said. with many an insinuating nod, "Wait, and if the infant is a blonde we'll know all about our proud Mrs. ———; that doctor has cured her too easily!" She seemed to have a fear of the "blonde" herself, and she shunned me. But I knew her thoughts were often of me, for she had been my lady-love, and I her lover, when she and I were young, when in a hasty heat of youth we parted; but a tie yet remained which both our marriages and a separation of ten long years could not sever.

Eight months and a half after her conception she fell on a stairway and undone all that had been so fondly wished. She killed her child. I was called; a few tearful hours and I laid a wee, cold form on my last love's breast—a pretty blonde. Like a fair young lily that some wonton kid had playfully nipped. Its eyes, though not to ope to life, were blue. Every lineament like my own sweet child's. So lovely in its cold stillness, we called it "Lily," and on the morrow we laid it away forever. I hope Dr. Wagner and others will not wink, and call it a "coincidence," for there was never a purer, nobler, grander, more constant wife, or woman.

We acknowledged the feeling which sprang involuntarily from both our hearts, but the conception was a "magnetic" one; and the pretty blonde was the result of "maternal impression during gestation."

"BLONDE."

[For the Brief.]

SCABIES.

EDITOR MEDICAL BRIEF:—Dr. R. J. Redden asked, some time since, through the columns of the BRIEF, the best treatment for scabies, to which a few replied; but, if brevity is the soul of wit, truly, by parity of reasoning, simplicity should be the soul of medicine; so, let me give him, through the BRIEF, a simple, yet sure cure for the disease:

R. Sweet Gum (Liquidambar Styraciflua)...2 ounces.
Tallow (Beef).....2 ounces.

Put in a tin-cup and melt together over a fire, strain through muslin, if dreggy, and it is ready for use. Now, let the patient divest himself of clothing, and if cool, stand before a fire, and apply in the following manner: grease a streak round each joint, and from one joint to the other, neck included; do this for three nights in succession, and a cure will be effected.

A. J. WISE, M. D.

Browns, Ala.

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[For the Brief.]

TRADE-MARK PHARMACY.

BY HORATIO R. BIGELOW, M. D.

EDITOR MEDICAL BRIEF:—A great hue and cry has been started throughout the western country that the manufacturing pharmacists were infringing upon the prerogatives of physicians and seriously interfering with their incomes, by protecting with trade marks the products of their laboratories. The subtle argument made use of to substantiate the statement was worthy of a Machiavelli, if, indeed, it did not emanate from a Mephistopheles. It was the same grotesque advertisement that was allowed to creep into the proceedings of the last meeting of the American Medical Association, as a resolution. This resolution, be it remembered, was strictly and solely in the interest of trade, and not for the benefit of general pharmacy, but for the advancement of one or two houses alone, who seek to swallow up the entire drug business. It was the same effort, only clothed in new garments, that met with such overwhelming defeat in Philadelphia. It is an offspring of the venomous attempt to embroil the physician and pharmacist in an open warfare —to confound their relationship and bespatter their integrity. Its purport is to throw open to any dishonest manufacturer the doors by which he can enter the field of competition in the preparation of standard remedies, whose efficacy depends upon their intelligent composition. It is the effort to bring discredit upon every manufacturing pharmacist who employs trade marks, in the vain hope that thereby great trade profit will redound to those who seek to build upon the ruins of others. But to us, as physicians, it is more insulting, more presumptuous. It is a direct interference with our individual rights. It seeks to prescribe our formulæ to be used in sickness; it seeks to regulate our fees; it says that all the good men and true, who have indorsed these elegancies of modern pharmacy, are unworthy of notice. It struts with brazen assurance into our very households, and tells us how we should govern our families. It is high time that such a lack of good breeding should be censured by the profession. The fallacy of the argument is clear to any one who will read it aright. I will venture to say that there is not a physician in the United States who does not use some of the numerous preparations protected by trade marks, and who has not found great resultant benefit. If these remedies, or rather these palatable preparations of nauseous ingredients, prove of value, we owe it to the profession to indorse them, so that others may profit by our experience. The only safeguard to the physician is the trade-mark. If experience has taught him that a certain compound, manufactured by a certain house, has always proved valuable, he will always feel that he can rely in the future upon this remedial agent. So the pharmacists, whose sales depend upon physicians' prescriptions, being desirous of keeping his preparations up to a certain high and unalterable standard, as well as to protect his own good name, which would suffer from inferior imitation,

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protects with a trade mark the result of his brain work. These are plain facts, which unjust or dishonest personalities, or quarrelsome polemics, can never gainsay. The effort to do away with trade marks, if consummated, would bring medicine back to the early days of cod-liver oil and jalap; would throttle elegant pharmacies, and kill manufacturing chemistry. No physician would ever feel safe in prescribing a remedy which every Tom, Dick, and Harry claimed to manufacture. We could have no possible guarantee of purity and good faith. Every man is entitled to the result of his studies. Physicians copyright their books, and the chemist copyrights or trade-marks his "books"—that is, the outcome of years of laborious research. The ingredients of these preparations are known to every physician, and appear in plain characters upon the labels. They are in no sense patent medicines. If they be, then we all are quacks and patent medicine men. What a boon to us these pleasant forms of pills, these toothsome elixirs, these palatable emulsions, these varied forms of pepsine. Are all these quack medicines? Then is the United States Dispensatory the veriest quack publication in existence. These trade mark preparations are merely the most desirable forms and methods of administering standard remedies. Of course, we all know that the resolution introduced at Richmond was a huge advertising scheme, and is now much regretted by professional men. We can not afford to enter into these disputes of trade without losing caste, and that the venerable medical association should have been duped by such a circus performance is much to be deplored. We, as physicians, have a graver interest in the matter. Believing, as we do, that the present system is the only proper one, and affords the greatest security to the physician, believing, too, that these advances in the modes of administering drugs are highly commendable, reflecting great honor upon their originators, we resist with some asperity these constant attempts to dictate any line of action in questions of professional ethics from those outside of medicine. We are fully competent to regulate our own affairs. Experience has taught us the value of trade marks, and we need no extraneous advice upon the matter. For any manufacturing pharmacist to offer a resolution before the Medical Association with the view of proscribing physicians from ever making use of such preparations, is a presumptive evidence of "crankiness". Physicians must look at this matter in its proper light, and recognize how it affects the good names of those whom we love and honor—the Nestors of our profession—as well as in how great a degree it is dictatorial and presuming.

Washington, D. C.

☞DR. MCARTHUR'S SYRUP OF HYPOPHOSPHITES has become extremely popular with our physicians. It is proving very efficacious in tuberculosis and wasting diseases, and is heartily recommended by the profession, both here and in Europe. We, ourselves, can also testify to its great value. Dr. McArthur has just presented the profession with a very pretty and instructive pamphlet calling attention to his chemically pure hypophosphites. It will pay for a careful reading.

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[For the Brief.]

PSORIASIS.

EDITOR MEDICAL BRIEF:—Will Dr. Goss, or some other of the many readers of the BRIEF, please advise me how to treat a case of psoriasis of twenty-two years standing. Patient is enjoying the best of health; is a large, well-nourished, muscular, good-looking man; good habits, and cleanly. Disease not hereditary; no cutaneous diseases among his ancestors, and no scrofulous or syphilitic taints. All parts of the body, except the face, neck, hands, and feet, are invaded by the disease. The patient has been treated by eminent dermatologists with arsenic, tr. cantharides, tar, mercurial ointments, etc., with but little benefit.

Saratoga Springs, N. Y. ANDREW J. WILLIS, M. D.

[For the Brief.]

MATERNAL IMPRESSIONS.

EDITOR MEDICAL BRIEF:—I have been interested and somewhat amused with the discussion going on in the BRIEF in relation to maternal impressions. From my own experience and observations, during a practice of forty years, I am fully convinced that one well-attested fact is worth more than all the theories ever written upon this subject. In fact, the world has been governed quite too long by theories instead of positive knowledge. In our present progressive age no professional man can afford to be dogmatic on merely theoretical principles. In the present day developments and discoveries come thick and fast to wipe away the cobwebs of theorists in every department of science; and in no department is this more conspicuously true than in medicine and its collateral branches. I, however, respect the arguments of my brothers opposed to me on this subject, because I once stood where they now stand, and combatted the idea of maternal impressions on what I conceived to be the true anatomical and physiological principles. For want of space I will not attempt to argue the points which the opposers of maternal impressions bring forward, but will content myself by giving them a case to solve: Some fifteen years ago, Mrs. L., being six months in pregnancy, went to visit some relatives a few miles distant; up to this time she had enjoyed uninterrupted good health. She was of a nervo-sanguinous temperament; she possessed a very lively turn of mind, full of fun and glee. In the family she visited was a young man about twenty years of age, who had been afflicted with epilepsy from early childhood. While she was there this young man was seized with the spasms very violently. Mrs L. was frightened and ran out of the house screaming frantically. Her husband took her home immediately, and in a short time after she arrived at home I was sent for. I found her in labor—the waters had run off and the head was in the lower straight. With considerable difficulty the child was born in about two hours. I was struck with the appearance of the child, as every muscle in the body seemed rigid and stiff; its head was drawn back, its eyes were rolled up

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under the lids; its face was contorted, and, in fact, had all the appearance of a child in an epileptic fit. It never breathed. By the request of Mrs. L., I showed the child to her. "O!" said she, "take it away, it looks just as John did." From this expression my curiosity was aroused and I asked for an explanation. She and her husband related to me the above story. I asked her if she had been sick or in ill health of late? She said, "No," and that she had never been in better health in her life. I asked her how long she had felt motion? She said, "About six weeks." "Did you feel motion when you were at your friends?" She replied, "yes, as much as usual, but when I became frightened, the child seemed to double up, and from that time I felt no motion."

Now, brothers in the profession, I respect your feelings and opinions upon this subject, however widely we may differ in sentiment.

Now, if you please, allow me to make one suggestion before you attempt to explain this case on theoretical principles, viz: Turn your attention to the great psychologic law which operates through the mind, brain, and nerve, for here I believe you will find your chart and compass.

Honey Creek, Ill. A. NEWTON, M. D.

MANUFACTURING PHARMACY IN THE GREAT WEST.

Eastern manufacturers of pharmaceutical and chemical products will not be able much longer to occupy the Western and Southwestern markets to the extent they have heretofore. Several Western firms are already making large quantities of this class of preparations, and the news now comes to us that the well-known and enterprising firm of Richardson & Co., of St. Louis, are getting ready to manufacture a comprehensive line of pharmaceutical products. They are fitting up extensive and complete laboratories with the most approved machinery and apparatus, and quietly state that they do not intend to spare either money or labor to produce goods equal to any in the market. Professor Oscar Oldberg, formerly of Washington, D. C., is going to have charge of their new works, and, with the manufacturing conducted under his personal supervision, the ambition of Richardson & Co. to compete successfully in all respects with the best Eastern manufacturers is likely to be fulfilled, for the energy and means of that firm leave no doubt that they will carry out what they undertake. As to the choice they have made in engaging the services of Professor Oldberg, we congratulate both parties. For a number of years he was the Medical Purveyor of the United States Marine Hospital Service; he is a member of the Committee of Revision of the United States Pharmacopœia, and also of the last International Pharmaceutical Congress, and is the author of the *Unofficial Pharmacopœia*, etc. He has, after a careful survey of the whole field, chosen the Great West as his future sphere of operations, where he will have ample opportunity to put his scientific training into practical use, and naturally enough, he gravitated to the most energetic house in the trade. Messrs. Richardson & Co. hope to have some of their new goods on the market early in the new year, including fluid extracts, extracts, elixirs, etc., and a descriptive list of their preparations is promised as soon as practicable.

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[For the Brief.]

OVARIAN DROPSY.

EDITOR MEDICAL BRIEF:—Dr. R. A. Weddington of Molton, Texas, calls attention, in the November number of the BRIEF, to my treatment of dropsy, and asks how it will do in ovarian dropsy, or, as in the case he cites, ovarian cyst?

My BRIEF for November did not come to hand until after the reception of the December number, making a reply in that issue impossible. If the doctor has diagnosed correctly, no doubt, the case is one of ovarian cyst, and unilocular, the treatment I recommended, will, in all probability, succeed. (See Sept. No., p. 504.)

Should this fail, after persistent trial, then give large doses, internally, of tinct. iodine, say two drachms per day, in four doses, in mucilage sufficient to protect the mucous membranes. This seems like heroic treatment; but Dr. Thompson (Elements of Materia Medica and Therapeutics) gave 180 drops internally, daily, and claims to have cured three cases out of five, of ovarian dropsy. While using this treatment, anoint the abdomen with iodine ointment, using friction.

Should this also fail, then resort to Dr. Boinet's treatment, which consists in injecting a solution of iodine into the cyst. The solution used, one part tinct. iodine to eight of distilled water, injecting not more than eight ounces of the solution. If the tumor is full and distended, draw off a part of its contents, leaving not less than two quarts in the cyst. Then inject slowly, while an assistant gently kneads the bowels, so as to fully incorporate the injection with the serum, so that it will not come in direct contact with the walls of the cyst, as undue inflammation might be excited thereby. The injection of iodine effects the desired cure, either by exciting "adhesive inflammation," or by exercising an especial modification of the secreting surface, and secreted product. Whatever be the nature of this action, observation shows that the affected liquid, be it serus or purulent, tends to improve in character daily, and to lessen in amount until completely dried up. (See Trousseau's Therapeutics, vol. II., p. 146.)

This mode of treatment should be resorted to after all other remedies fail, and the choice is between ovariotomy, and iodized injection. Then wise medical council must decide which, under all indications, gives most promise of relief.

J. F. GOLDMAN, M. D.

Huntsville, Ala.

[For the Brief.]

HERNIA.

EDITOR MEDICAL BRIEF:—I would like the contributors to the BRIEF to give me the best treatment for hernia when the patient is only two months old.

J. M. JOHNSON, M. D.

Yellow Creek P. O., Miss.

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[For the Brief.]

SEA SICKNESS.

EDITOR MEDICAL BRIEF:—Sea sickness is a disease that affects the brain, producing anæmia, through reflex action of the sympathetic system of nerves, from the stomach to the brain, vice versa, and contraction of the stomach taking place, emesis is produced, and thereby the mean, disagreeable feeling that a person can have is the above complaint—sea sickness. Symptoms of the same are very prominent, and also characteristic of itself, and none other, by a feeling of malaise, want of exercise and anorexia, cephalalgia, combined with an enormous amount of vomited matter from the stomach, and at times diarrhœa will set in; as the pathology point of view, anæmia of the brain, point out this as one of the most direct causes of it. During my whole experience, which has been for two years as physician and surgeon on an ocean steamer, crossing the Atlantic, I found on every trip that dysentery would set in while the emesis was at its height, and most always it occurred in children. As soon as the child would become accustomed to the motion of the vessel, the emesis would cease, and the diarrhœa stop short. I can not account for the cause that the reflex action of the stomach to the intestines would cease and so check the diarrhœa. At first I thought that it might be the water, but the water is condensed and filtered through animal charcoal, making it as pure as possible. The food is the best that can be bought, and better for the steerage passengers than I have ever seen it on any other line now running across the ocean. The diet was not at fault, so we could not lay it to that. The diarrhœa would be present in saloon passengers, as well as those of the third class, or steerage passengers. Prof. Barker, of New York City, has laid down in his treatise on sea sickness that his observations generally indicated constipation, and that a laxative should be taken. How many times I have thought of it, and wished that Prof. Barker could go with me on my rounds and see how many poor children were suffering, from not only the disgusting vomit, but diarrhœa, and how many times I have wished that my passengers would change this complaint and give me other symptoms for variety, without continual diarrhœa. The children that were most prone to it were those at the breast and up to ten years. With all my treatment I failed, for a time, to check the diarrhœa. I tried bismuth, sub nitras, acidi tanicum, and all the various preparations of opium, including morphia, injections per rectum, liq. acacia, starch; in fact, all the astringents and anodynes were judiciously used, including the alkaline treatment of aquæ calcis; but all without the desired effect. They would linger at times half morbid, as it were, kept in that state by vinum galici and glycerine, eggs, bullion, etc. As soon as they could see land, their symptoms would change for the better; they would revive, rally, and, when landed, would leave the ship, not dead, though very weak.

In the summer of 1880, I changed the course of treatment—gave cotoin (active principle of coto bark), and the little patients were relieved, to

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my great satisfaction and joy. The dose can be given small and dry upon their tongues. I had at last found something that I could handle with ease, and it mastered the complaint. What a blessing it proved to the little sufferers! I then abolished all the opium preparations, astringents, injections, etc., and held firm the vial of cotoin. I found, on giving this drug, that the diarrhœa ceased, the patient would lay quiet in the berth, the emesis would not be so severe as it had usually been, and by it the stomach was in a partial condition to retain liquid diet, which it did nicely. Of course, at times the emesis would cease for a day or so, and then it would return.

For sea-sickness proper, I have tried everything I heard of, and, to my utmost, disgust they failed. Rest in bed, and especially on the back, and before rising in the morning, dry toast and tea was of no good. Small amount of stimulants were valueless to females, but acceptable to the males—it did them a little good they said. Cerum oxul., bismuth sub nit., two-grain doses each, to be given in powders, proved as the rest in result; amyl nitras the same. For those not sick the disgusting odor would be a cause to produce nausea. 'Tis impossible to disguise the smell. I tried it for six months and failed. I was disappointed, as I anticipated great things from the drug, other physicians having stated the remarkable results that they had met with from its use. The next drug I took up was ammonia bromide, in three and five-grain doses, and was better pleased with the results obtained. I continued it, and the more I used it the better I was satisfied that at last, to my own idea, I had found the right drug. I never had any more trouble. I gave it when I made my first visit, and it only required a few doses to relieve the patient from this disgusting and nauseating complaint. In my private practice here I have used the same in emesis of pregnant women with marked success.

Belmont, Nev.

[For the Brief.]

SYNOVITIS OF KNEE-JOINT ATTRIBUTED TO IRREGULAR AND SCANTY MENSTRUATION.

EDITOR MEDICAL BRIEF:—Miss E. S., aged twenty, was attacked suddenly, though not severely, with soreness and pain on motion of the right limb, in the knee-joint; which soreness and pain she noticed during the day of the 12th of May, 1881.

There was slight swelling on inner aspect of joint. No discoloration, but pain and soreness, upon pressure, around patella and inner aspect of joint. I first saw the case on the fifteenth of May, and it presented the above described conditions. I inquired, as closely as I could, into the previous condition of patient's health, and I was told it had been good in every respect. Mothers are slow to admit, sometimes, anything touching the health of their daughters, especially if engaged to marry pretty soon, as my patient was, though the information did not reach my ears until several days after I first visited the case, I questioned

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patient as to thirst, chills, and fever, if any, and she replied she had not been chilly, did not drink any more than usual, but felt somewhat warmer at times than others, had not a good relish for food, and tongue was coated. I found the tongue as stated, with slight prominence of papilla, pulse about ninety, and a livid languid look of face and eyes. I ordered iodine, externally, to joint; and internally, morph. sulph, potass. chlor., and quinine. The case did not improve rapidly, chills and increase of fever, marking the beginning of the suppurative stage, came gradually on; poultices and Iodine were continued alternately. Swelling continued and pain until an incision was made at the most prominent point, and a slight sanious discharge occurred, giving some relief for forty-eight hours, when, from some unknown cause, symptoms grew worse and continued until the 24th of May, then Dr. P. was called into consultation, at which time we learned that menses had been appearing at intervals of twenty-one instead of twenty-eight days, that the flow had been scant for about seven months past. I did not agree with Dr. P. in his theory of the case, and refused to treat it accordingly. He attributed every abnormal condition, in a word, the case to the abnormal menstruation. Though the menses were then present, and flowing freely, and had been for some days, giving no relief to the knee. This fact determined my mind in the direction of "bone disease." I argued that suppuration had begun, that pus was present, deep-seated, and must have an exit at sometime, the sooner the better for the patient, and suppuration must be promoted. He argued suppuration had not begun, no pus was present, never had been, never would be, and applied cloths dipped in ice water constantly for days, telling patient's mother he would "drive back" the "matter," as he called it, and stop any gathering of matter, if any, but he did not believe any existed, or ever did exist about the joint or limb anywhere. But patient grew worse. Swelling of limb from knee to hip-joint was enormous, and twenty-six days after Dr. P. began treatment, a spotaneous eruption of the swelled limb occurred near the point of the first incision, and five pints of pus flowed from the limb without any pressure whatever. It flows yet and the patient keeps her bed. Dr. P. long since gave up the case; I think it one of necrosis of bone, and may yet require an amputation.

Would ask if any one knows of any cases of synovitis of knee-joint resulting from deranged menstruation, and if so, has he known it to produce necrosis of the bone? I have consulted Hodge, Rigby, Ramsbotham, Churchhill, Cazeau, Dwitt, Erichsen, Gross, Goodell, and all the medical journals I have read for the past fifteen years, and find no case coinciding with Dr. P.'s theory.

Quiet Dell, W. Va. JNO. GREGG, M. D.

TROMMER'S EXTRACT OF MALT was the first to be manufactured and to come into general use in this country, and has aways fully maintained its well-deserved reputation for purity and efficacy. It is prepared in many different combinations, that with cod-liver oil being probably the favorite. Send for pamphlet and mention MEDICAL BRIEF.

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[For the Brief.]

ANTE-NATAL IMPRESSIONS—METRIC SYSTEM.

EDITOR MEDICAL BRIEF:—Permit me, through the valuable pages of the BRIEF, to state a case. First, let me say to C. H. Wagner, M. D., of Waterford, Miss., I agree with him in regard to ante-natal impressions. Dr. Wagner, join hands, and "shake."

Was called July 10th, 1881, to see Mrs. R.; found her in labor; pains natural; protracted about six hours longer than was usual for her, this being the fifth confinement; child smaller than any of the others at birth; head ran up to a point in front; ears were about ordinary distance from face; head stopped there. There was an occipital bone, but it was far in between temporal bones. A prominence at atlas, with an ordinary neck to shoulders; shoulders and chest well developed. There were no lumbar vertebræ. There was a thin membrane filled with a transparent liquid, through which the parts could be seen, which was red and ragged; resembled a bad burn. Had some use of lower extremities; bowels moved and passed water. Questioned mother, without letting her know the condition of child, if she had had any presentiment that all would not be right with her child. She promptly answered: "No; have never been from home since I became enceinte, only to church." Her husband said the same. The lady is quite an intelligent person, and I could believe her. I told her husband as soon as the "blister" was ruptured the child would die, as it proved in effect. The child lived eight days, and died in horrible agonies. I could mention several others, but I think this sufficient. I agree with Dr. I. E. Layton, that there is much to be learned therefrom. I also agree with him in regard to the metric system. Dr. E. C. Price seems to think we are far behind the times. It may be, but we fail to see it in that light. Records show many deaths from its use. The writers of the late revised United States Pharmacopœia showed judgment in discarding it entirely. We know that it is easily learned. Many of our colleges teach it, but do not use it. There are already too many European farces in this country for durability.

H. C. SIMPSON, M. D.

Brewerville, Ill.

[For the Brief.]

MUMPS.

EDITOR MEDICAL BRIEF:—M. C. R.'s inquiry, in October number of BRIEF, for the treatment of mumps when the testicles are affected, reminds me, etc. About twenty-five years ago, when I was a student, Captain M., a farmer, had a large family of children. Jeff, his oldest boy, complained one morning of his face and head. As the "mumps were 'round" that was soon decided to be what ailed Jeff; but the old man had no nonsense about him and declared that the mumps were nothing—nothing to go to bed for, and sent Jeff, *nolens volens*, to the field to work. In a few days the Captain began to complain of his own

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face, and as his head grew bigger, and yet bigger, his complainings changed to moans and then to groans. His stomach grew sick, and he went to bed fully convinced that the mumps were something after all. His wife entreated him to let her tie a band of tow around his neck, as she did around Jeff's, to keep the mumps from striking down. No, none of that nonsense for him. That night his testicles began to swell. Would he have the doctor come? Not for such a simple thing as the mumps—by no means. The good neighbors suggested various lotions and oils and salves for his scrotum, all of which did it no good. One very solicitous old lady suggested "camphire," which was applied and made the captain fairly howl and foam with pain. His scrotum now looked, to use his own words, "like a black Spanish watermelon," and was about as large and hard, so hard he could not dent it. The situation became alarming, and finally, at his own desire, Dr. W. came. By him the children were sent to the neighbors' gardens for poppy leaves with which a poultice was made and applied warm, and Godfrey's cordial given internally. Under this treatment the captain rapidly got well. Although he had previously so strong a dislike to the poppy that he would not permit one to grow in his garden, but after this he cultivated them with the greatest of pleasure. I have since seen no treatment that gave more immediate relief than the poppy leaf poultice, although one made by steeping gum opium in hot water and adding pounded crackers answers the purpose. That no harm was done to the testicles is proven by the good service they afterwards performed in adding two more members to the family circle. Bad treatment may cause injury to result. The same application is effective when the disease attacks the breast. I confess lack of faith in the tow band or silk handkerchief, but have never seen an instance where the disease passed them, with proper care.

Will some one give the latest and best treatment for a severe congestive chill?

J. H. SANBORN, M. D.

Anna, Ill.

[For the Brief.]

DISEASED CÆCUM.

EDITOR MEDICAL BRIEF:—Patient, large, healthy, nervous. Occupation, clergyman. Trouble, tenderness of the mucous lining and glands of the cæcum, increased to soreness, causing nervous trembling and mucous discharge, on the slightest irritation from coarse food, such as oatmeal, or anything containing seeds, and especially on contracting cold. It has persisted for several years. The slightest diarrhœa produces dysenteric symptoms. The following are some of the remedies that have been used without satisfactory results: Nitrate of silver, baldo, birthroot, spikenard, turpentine. Some of these have been administered in pills coated with resin, on the supposition that gum is not dissolved until coming in contact with the secretion of the colon. Please suggest treatment, and oblige

C.

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[For the Brief.]

MATERNAL IMPRESSIONS.

EDITOR MEDICAL BRIEF:—In the November number of the BRIEF, page 597 Dr. J. T. Dots, in relating a case of malformation, which he alleges to be due to the influence of maternal impressions during gestation, makes some very singular statements. Truly, Chickasaw must be a remarkable county; according to the doctor, all snakes are of one color; their eyes stand in bold relief; they can shake themselves, not only the tail, but the whole body, and so could that malformed baby; but the most interesting thing is, that a portion of its brain looked like a snake's head, with the color of the skin of a snake, without hair, with the mouth of a snake well-formed holding an egg half-swallowed, etc.

It is a great pity that the doctor did not secure the half-swallowed egg and had it hatched; perchance it might have produced a medical prodigy, and then Chickasaw would have enjoyed the reputation of containing two of them.

Had our doctor viewed that baby with the light of science he would have discovered it to be a case of congenital encephalocele, but having examined it with the Chickasaw County spectacles, he took it to be the result of the (ridiculous) influence of maternal impressions during gestation.

As Doctor Dots is a stout believer in this alleged influence, now respectfully call upon him to favor us with his opinion as to how this influence is conveyed to the fœtus—please, doctor, don't back out.

Waterford, Miss. C. H. WAGNER, M. D.

[For the Brief.]

RHUS AROMATICA.—A POSITIVE REMEDY FOR DIABETES MELLITUS AND DIABETES INSIPIDUS.

EDITOR MEDICAL BRIEF:—This is a species of rhus which is found in Missouri, about Boonville. It was long used in diabetes by Dr. John Gray, then by his son-in-law, Dr. F. McClanahan, and was introduced to the profession by his grandson, Dr. J. T. McClanahan, of Boonville, Mo. As it is yet unknown to a large number of physicians, and as hundreds of poor sufferers are annually dying with this disease, I feel bound to report my success with this article in the BRIEF. Dr. J. T. McClanahan kindly sent me a sample of the bark of the root of the rhus aromatica, which I tinctured for use, having only about half a pound, I purchased one pint of the fluid extract made by Parke, Davis & Co., of Detroit, Mich. I was called to Mr. Noah King, a man about seventy-five or seventy-eight years old, who I found passing daily very large quantities of clear urine, and not having my urinometer with me, I simply evaporated the urine on a slip of glass, over a candle, which yielded syrup. I put Mr. King on the nitrate of uranum for the first month, at the end of which time he did not appear any better. I now

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the specific gravity of his urine, which was 10.35, and put him upon tincture of rhus aromatica, thirty drops, three times a day. At the end of a month the urine was much lessened in quantity, and contained but a trace of sugar. I now put Mr. King on thirty drops of Parke, Davis & Co.'s fluid extract of rhus aromatica, three times per day, which entirely relieved him of all traces of the disease, and he still remains so. Mr. Toliver Wallace, of Cobb County, Ga., applied to me for treatment. Upon inquiry I learned that he was passing a large quantity of urine daily, and was emaciated and very feeble. I took the specific gravity of his urine, which was about 10.15. I diagnosed the case diabetes insipidus. I put him upon the tincture of rhus aromatica, which soon reduced the discharge to a normal quantity. This same man applied to me this summer for treatment for chronic dysentery. I tried various remedies for some time, but not meeting with success, I put the old man upon thirty drops of rhus aromatica, three times a day, which helped him at once, and he is still taking it, and it bids fair to cure him. I have treated several cases of chronic cystitis and nephritis with the rhus aromatica, and find that it has a direct affinity for mucous tissues, relieving irritation and chronic congestion of these membranes quickly. A gentleman came to me a month ago, who had been laboring under chronic nephritis for several years. I put him upon actinomeris helianthoides (another new remedy), and rhus aromatica, thirty drops of the tincture of each, and they are curing him. I present this remedy that others may try it and report.

Marietta, Ga. I. J. M. GOSS, A. M., M. D.

[For the Brief.]

HÆMORRHOIDS.

EDITOR MEDICAL BRIEF:—Dr. Gorden will give prompt relief to his case of hæmorrhoids by using the following:

R. Bal. Copaiba..... ½ ounce.
Ol. Hedeomæ..... ½ ounce.
Cremor. Dulc.....1½ ounces.

M. Apply to the hæmorrhoids *ad lib.*, introducing the finger up the bowel, if required.

Newburg, West Va. F. MORTIMER DENT, M. D.

P. V. SCHENCK, M. D.,

Surgeon in charge Female Hospital of the City of St. Louis.

"I can speak highly of the results of the use of LISTERINE, as far as my experience has gone, which has been as follows: As a deodorizing dressing for cancer, as a detergent gargle in diseases of the throat, as a vaginal injection where the lochial discharge is purulent, or the odor offensive, and also as a disinfectant for the hands in the clinic and operating room. I shall use it hereafter as above indicated, and to the exclusion of carbolic acid."

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[For the Brief.]

IMPROVED CATHARTIC PILL.

EDITOR MEDICAL BRIEF:—The following I have found to be an excellent cathartic:

R. Euonymin..... 1 grain.
Leptandrin..... ¾ grain.
Juglandin..... ¾ grain.
Podophyllin..... ⅛ grain.
Aloin..... ⅛ grain.
Ext. Hyoscyam..... ¼ grain.

M. Ft. Pil. No. 1. Sig.: 1, 2, or 3, at bed time, or as required.

Hawkins, Texas. B. FRANK HUMPHREYS, M.D.

[For the Brief.]

GONORRHŒA.

EDITOR MEDICAL BRIEF:—Will some of the many readers of the BRIEF give diagnosis and treatment for the following case: About three-year's ago contracted a case of gonorrhœa, when the discharge was stopped by the use of injection of blue vitriol; then the veins of the scrotum swelled up on left side. When patient lies down, the swelling goes out, but returns when he gets up. There is inflammation of the urethra, burning at end of penus, which is increased on making water; at times has seminal losses, while at stool, that increases the burning and draws the penis up. Please let me hear from some old or experienced physician, and oblige a young student.

Delaware, Ky. R. M. ALEXANDER.

[For the Brief.]

WARBURG'S TINCTURE.

EDITOR MEDICAL BRIEF:—In answer to J. Y. Simpson, M. D., for the composition of Warburg's tincture:

R. Aloes..... 5 scruples.
Root of Canella..... 5 scruples.
Angelica Root..... 2 grains.
Camphor Gum..... 2 grains.
Saffron..... 3 grains.
Alcohol..... 3 ounces.

M. Digest for eight days, filter, add quinine 2 scruples. Sig.: Two drachms to one ounce three times a day.

Brenham, Tex. E. R. YOUNG, M. D.

☞ *Southern Medical Record*, under date of February 20th, 1881, justly notices one of our most valuable remedial agents, POWELL'S BEEF, COD LIVER OIL, AND PEPSIN. The *Record* says: "We believe the preparations of the Powell Manufacturing Co. are excellent. We are particularly pleased with their BEEF, COD LIVER OIL, AND PEPSIN.

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[For the Brief.]

DIABETES.

EDITOR MEDICAL BRIEF:—Last spring I claimed in the BRIEF, that the sugar of diabetic patients was formed in the stomach, by its acids, etc., from the starch in the food, and that gluten bread, furnishing much less starch, was the cause of the improvement in the case alluded to. Last January I had a patient, aged sixty, on gluten bread, and avoiding all sweets, who could not sleep more than two hours at a time, having to get up for water, etc., many times each night. Now, this had gone on for months, with no improvement, and I could give him no hope, he complaining every day of gnawing at the stomach, as he termed it, beginning about one hour after meals. It occurred to me that this was the laboratory of the sugar, and that creosote, one of the best preservatives known, might arrest it: Creosote, ½ drachm; Aquæ, 1 ounce; or sufficiently diluted to not injure the mouth, one drachm was given one hour after meals; the improvement was striking. In a month, instead of being unable to walk without much fatigue, he left off gluten bread, canned beef, and dieting, and went to his work; and now, after four months, he says he is about well; does not desire water of nights, and can labor as much as formerly; does not now have to take the creosote, except occasionally, when he feels the burning of the stomach, say once a week. Try the creosote, and report. There is no doubt of a specific for all diseases, when we learn what they are.

Haslin, N. C. JAS. F. LATHAM, M. D.

I have used HYDROLEINE freely in my practice for the last three or four months, and am well satisfied with its effects, as I have prescribed in several cases that had been taking Cod Liver Oil without apparent benefit, and who immediately began to improve under the use of HYDROLEINE, and to this date the improvement seems to be permanent.

New Castle, Pa. H. P. PEEBLES, M. D.

[For the Brief.]

GULF WEED.

EDITOR MEDICAL BRIEF:—If E. G. Harding, M.D., will purchase C. E. Hobbs' Botanical Hand-Book (be sure and get the latest edition), he will not have to ask the BRIEF for information in the line of botany. Buy one, E. G. Harding, and you will not regret the small amount spent for such a work. Common name, gulf weed; English name, laver; botanical name, *Sargassum bacciferum*. Properties, productions, uses etc.: Sea weed, aper., diuret., anti-scorbutic.

Hoboken, N. J. P. J. TAYLOR, M. D.

☞ Read advertising pages 4, 5, and 7.

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[For the Brief.]

DROPSY.

EDITOR MEDICAL BRIEF:—Try the following for dropsy and report:

R. Ext. Apocynum Can fl.... .....3 drachms.
Tinct. Digitalis.....3 drachms.
Acetate Potass.....3 drachms.
Elixir Ginger.....4 ounces.

M. Sig.: One teaspoonful three times a day, gradually increased to two teaspoonsfuls, if necessary, until it brings the answer.

CAUTION:—The above is a very active emmenagogue and oxytocic, in anasarcous subjects.

F. FRANK HUMPHREYS, M. D.

Hawkins, Texas.

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[For the Brief.]

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EDITOR MEDICAL BRIEF:—In our northern county rheumatism is quite troublesome, and I have found nothing so speedy in giving relief as the oil of hemlock. Take fifteen drops on a little loaf sugar three times a day, and at the same time moisten the painful part or parts with the same.

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[For the Brief.]

"MIASMA A MYTH."

EDITOR MEDICAL BRIEF:—Dr. Birkhead continues to argue about malaria being a myth, on the principle, I suppose, of what a great lawyer once said to me about a great criminal trial in which he was employed for the defence. He did not believe any one could read his speech and believe defendant guilty, while every one did believe he was guilty, and, at the end of the trial he shot a lawyer and himself. Facts and not arguments are what we must have to convince, and if Dr. B. has brought forth a single fact proving the effects of malaria to be a myth I have not seen it, while all medical history teems with striking facts, proving that certain districts, at certain times of the year, are visited with bilious fevers in all these forms almost as regular as the time comes around, while all the physicians' of tide water, from Vir- Virginia to Mexico, have constant recurring facts every year from about July first to December first, and if Dr. B. would come and stop a short time near any of our thousands of miles of brackish water marshes he would find the effects of malaria a reality; he would see all grades of bilious fever every year—following the brackish water up stream, as the dry season advances, sometimes sixty or eighty miles, while it is healthy where the water is really salt or perfectly fresh. I thought Dr. Lowman and many others would convince Dr. B., but now I think nothing will convince him except he go to a malarious climate, and should he go at any time between August first and December first, it will save him any amount of argument trying to convince the profession that malaria is a myth.

JAS. F. LATHAM, M. D.

Haslin, N. C.

BOOK NOTICES.

PHOTOGRAPHIC ILLUSTRATIONS OF CUTANEOUS SYPHILIS. By Geo. Henry Fox, A. M., M. D. New York: E. B. Treat, 757 Broadway.

We are in receipt of numbers 10, 11, and 12 of these splendid and life-like illustrations of syphilitic lesions. They possess much artistic beauty and are faithfully accurate. Price, $2.00 a number. These last three numbers completes the publication—being twelve numbers in all—with 48 plates from life, colored by hand.

AN INDEX OF PHYSIOLOGY. By L. A. Fought, D. D. S. Philadelphia: W. H. Hoskins, 913 Arch street. Price, $1.00.

This is probably the smallest work on physiolgy ever published. It presents the whole subject in a condensed form, and is a ready and complete reference book of physiological facts.

CHEMICAL ANALYSIS OF THE URINE. By Edgar F. Smith, Ph. D., Professor Chemistry Muhlenberg College, and John Marshall, M. D., Demonstrator of Chemistry University of Pennsylvania. Philadelphia: Presley Blakiston. Price, $1 00.

This handsomely illustrated little book of 100 pages is certainly a most excellent and timely work. It is full of valuable suggestions to guide the manipulator in the processes of Urinary Analysis. It is a simple and complete guide, and should be in the hands of every physician.

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PHOSPHORUS AS A REMEDY FOR THE LOSS OF NERVE POWER, ETC. By E. A. Kirby, M. D., M. R. C. S. Philadelphia: Presley Blakiston, 1881. Price, $1.00.

This admirable work has reached its fifth edition. This is evidence sufficient to prove that it is appreciated by the profession.

ARTIFICIAL ANÆSTHESIA AND ANÆSTHETICS. By Henry M. Lyman, A. M., M. D., Professor Physiology and Diseases of the Nervous System, Rush Medical College, and Professor Theory and Practice of Medicine, Woman's Medical College, Chicago, Ill. New York: Wm. Wood & Co.

Too much praise can not be bestowed upon this work. It is, in a word, an exhaustive treatise upon the subject of anæsthesia and anæsthetics. Illustrated, 338 pages.

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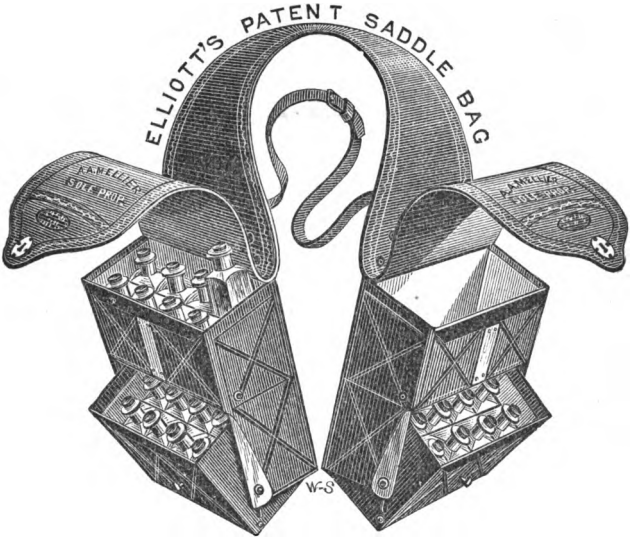

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with thick albuminous discharge like the white of an egg, use locally by injection 1 to 4 drs. to one pint of water, 3 or 4 times per day.

In Gonorrhea,
as an injection; and in *Balanitis*, as a wash: use 1 to 2 drs. to water 4 oz.

In Stomatitis,
Pseudo-membranous, ulcerative, or gangrenous, when the inflammation is sub-acute, or characterized by profuse secretion of ropy mucous, use as a gargle or wash in proportion of 1 to 2 drs. to water 4 ounces. When the breath is offensive, Pot. Chlorate or Baptisia assists its action.

In Cystitis,
acute and chronic, when the urine is pale or greenish, and viscid from abundance of mucous, use internally 1 to 4 drs. in water 4 ounces. In the severer cases of Chronic Cystitis with phosphatic urine, rinsing out the bladder with tepid water, and following with Fluid Hydrastis 1 to 2 drs. to water 4 ounces; one ounce to be used as an injection into the bladder, is often of great benefit.

In Dyspepsia,
with undue activity of the mucous glands and deficient action of the gastric follicles, of which the symptoms are a heavily loaded tongue, especially at the base; and in the morning dull aching pains in the stomach, with sinking sensations, nausea, and occasional vomiting of vitiated mucous, use half to one ounce Fluid Hydrastis to a pint of sherry or native wine. Dessert spoonful 3 or 4 times a day.

In Intermittents,
especially of the type characterized by disease of the *Gastro*-intestinal mucous membrane, with nausea, heavily coated tongue, broad and flabby and pale, or coated with yellow, dirty mucous; bowels constipated, or when moved, evacuations clay colored or streaked with mucous, use 1 to 4 drs. to water 4 ounces. Teaspoonful every 3 or 4 hours.

In Catarrh of the Intestines,
and superficial ulceration of same; in Fistula-in-Ano, and hemorrhage from the Rectum. Internally, and locally by injection, 1 to 4 drs. to water 4 oz.

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Cheken (known also as Chekan and Chequen) was introduced to the profession of England through a report of results following its use in chronic bronchitis or winter cough by Wm. Murrell. M. D, M. R. C. P., Assistant Physician to the Royal Hospital for Diseases of the Chest, and Lecturer on Practical Physiology at the Westminster Hospital. Dr. Murrell's report is very favorable and he has supplemented it by private advices to us expressing great satisfaction with the drug in the affections in which he has employed it. He regards it as one of the most valuable introductions of late years and pronounces it a drug of very superior properties in the treatment of **chronic bronchitis,** acting in this affection both as an anodyne and exerting a favorable influence over the organic changes in the mucous membrane. It is certainly a remedy which merits a thorough trial at the hands of the profession of this country.

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POWELL'S

COMBINED

BEEF, COD-LIVER OIL AND PEPSIN.

A SUPERIOR FOOD TONIC

ALTERATIVE AND DIGESTIVE.

The attention of the medical profession is invited to the consideration of the advantages which Powell's Combined Beef, Cod Liver Oil and Pepsin offers as a general nutriment and Tonic invigorator in debilitated states of the system, exhaustive and eruptive diseases where a nutritive tonic and alterative, that is pleasant and easily digestible, is required.

THE BEEF possesses all the properties of food being rich in nitrogenous matter and containing albumen, casein, osmazone, and all the salts of flesh, viz: creatin, creatinin, inosinic and lactic acid, volatile acids, inosite the phosphates of potash and magnesia and, perhaps, one of the most important ingredients, the coloring matter of the blood. The Beef used consists of concentrated juice of the finest beef, extracted by most careful processes so that it contains the most stimulating and exhilarating properties of the meat.

THE COD LIVER OIL used is of the finest quality being the virgin drippings of fresh livers, which is so well known to the profession as a remedy for scrofula, all the forms of idiopathic strumous caries, rachitis, white swelling, chronic arthritis, fistulæ, lupus vulgaris, impetigo, psoriasis and kindred diseases. Combined as the oil is with the beef and pepsin this preparation can not be too highly recommended.

THE PEPSIN which is obtained from fresh stomachs by the concentrated formula of Sheffer is a most valuable adjunct, as it is one of the organic ingredients of the gastric juice. According to Foster, one of the highest authorities upon physiology now living, "the solvent action of gastric juices is essentially due to the presence in it of a ferment body. To this ferment body which as yet has been only approximately isolated the name of pepsin has been given."

THE COMBINATION is a most perfect one, the three valuable remedies, BEEF, COD LIVER OIL and PEPSIN, being held in suspension by a palitable emulsion, which is not only pleasant to the taste but so thoroughly emulsified as to give in each dose a proper proportion of each component.

THE DOSE is a tablespoonful which contains in addition to the Cod Liver Oil, an equivolent of one-half ounce of Beef and five grains of Pepsin.

STRICTLY PROFESSIONAL.—The manufacturers of POWELL'S BEEF, COD LIVER OIL and PEPSIN, guarantee to the medical profession not to advertise this article in any way so as to bring it under the head of a "patent medicine," expecting its sale to come from its intrinsic merits as shown to the physicians who will prescribe it. A pamphlet stating more fully its composition and application to disease, sent to any *Physician* free.

PRICE ONE DOLLAR A BOTTLE—to be had at all Druggists.

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TO PHYSICIANS.

OFFICE OF JOHN WYETH & BROTHER,
1412 & 1414 Walnut Street,
PHILADELPHIA, May, 1878.

DEAR SIR:—Some ten years since we introduced largely to the Medical Profession of the United States, a combination, which we called "**Beef, Wine and Iron,**" giving the exact ingredients, and making no claim of proprietorship. It has been very freely prescribed, with most satisfactory results. Our sales have been very extensive, amounting to over one million bottles, besides a large quantity in bulk for dispensing in prescriptions. The claims we advanced as to its value as a **Nutrient, Stimulant and Tonic,** have been fully verified, and its advantages have been highly appreciated by thousands of the leading practitioners all over the United States and abroad. To a great degree this has been due to the intelligent preparation of the **Beef Juice,** which is combined with the **Wine and Iron.** We have never claimed that we could manufacture this article any better than other educated and intelligent Apothecaries, if they provide themselves with the appliances required to prepare it properly; but we do maintain that, to manufacture it so as to contain the nutrient material in a small bulk, expensive apparatus is essential, in order to secure expression and evaporation at a low temperature. This can only be provided to advantage, if the manufacture is to be conducted on a very large scale; nor can the article be furnished at as reasonable a cost as we can sell it. We import the Sherry Wine, hundreds of casks at a time. We are now receiving from the best beef butchers, supplies of the most desirable pieces of beef, free from fat or gelatin, at a slight advance above cost to them, as we thus enable them to dispose of their surplus from day to day.

IMPORTANT.

NOVEMBER, 1881.

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(PAULLINIA SORBILIS.)

Guarana is used with much benefit in cases of sick and Nervous Headache, Neuralgia, Diarrhœa, Gastralgia, etc.

The active principle is analagous to Caffein, being found in Paullinia in five times the quantity that it exists in the best Coffee. The tonic influence allied with the stimulating effect renders it an exceedingly valuable medicine.

It is especially beneficial in Debility, Languor, Protracted Convalescence, and Nervous Irritability, as its use in these complaints has proven the entire absence of any irritating properties or astringent effect.

The result is almost immediate in all cases of Headache, from whatever cause it may arise; but it is more particularly useful in those produced by over excitement to the nervous system.

The usual mode of administration has been in powder; but the Elixir will be found not only more agreeable, but much more efficacious.

Each fluid ounce contains eighty grains Guarana.

For HEADACHE,—dose, a tablespoonful for an adult, to be repeated in an hour, if the first dose does not give relief.

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DYSMENORRHŒA, MENORRHAGIA, THREATENED ABORTION
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IS INDISPENSABLE IN EMERGENCIES and the Most Successful and the Only Reliable Remedy yet discovered for those functional derangements, and one we don't hesitate to affirm will give more decided satisfaction to physician and patient than any other medicine ever prescribed.

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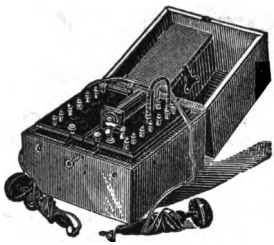

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We claim superiority over all other batteries for the reason that by the improved plan of construction and close connections we gain more quantity and intensity of current. We combine all that is desirable in either a Galvanic or Faradic Battery, a combination never before attained. We furnish it with or without the Faradic coil. It weighs less than any other of the same power. It can be carried without spilling the fluid, thus being the only perfect portable Galvanic Battery made. We will be pleased to send circulars giving full information, price, etc., free, on application.

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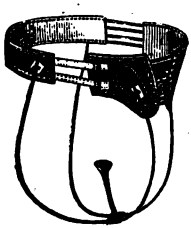

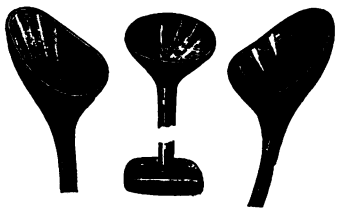

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No instrument has ever been placed before the medical profession which has given such universal satisfaction. The combination is such that the Physician is able to meet every indication of Uterine Displacements. Falling Womb, Ante-version, Retroversion and Flexions are overcome by this instrument, where others fail; this is proven by the fact that since its introduction to the Profession it has come into more general use than all other instruments combined.

The Abdominal Supporter is a broad morocco leather belt with elastric straps to buckle around the hips, with concave front, so shaped as to hold up the abdomen. The Uterine Support is a cup and stem made of highly-polished hard rubber very light and durable, shaped to fit the neck of the womb, with openings for the secretions to pass out; as shown by the cuts. Cups are made with extended lips to correct flexions and versions of the womb.

The instrument is very comfortable to the patient, can be removed or replaced by her at will, can be worn by her at all times, will not interfere with nature's necessities, will not corrode, and is lighter than metal. It will answer for all cases of Anteversion, Retroversions, or any Flexions of the Womb and is used by the leading Physicians with never-failing success even in the most difficult cases.

Price.—To Physicians, $8.00; to Patients, $12.

Instruments sent by mail, at our risk, on receipt of price, with 16 cents added for postage, or by Express, C. O. D.

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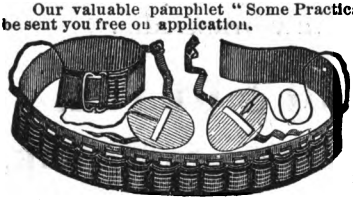

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FOR INFANTS AND INVALIDS.

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I have used Horlick's Food for six years, both for infants and invalids, with very satisfactory results. Bottle-babies are raised with as little trouble as on the breast, and in many cases with less sickness, passing through dentition with but little trouble. I have not lost as many cases in the six years, in proportion, where the infants have used the food, as I have where they have been nursed from the breast. In many instances I have had the little ones taken from the breast and prescribed the food, in order to save them, and think, by so doing, have saved their lives. I have saved many a little one by the use of the food, that I could not have saved without it. I have been called to see a child suffering with cholera infantum, being fed on milk, when it could not keep any of its food on its stomach; after changing to Horlick's food, it commenced to improve immediately, retaining the food in small quantities at first.

I have used it with equally good results in cases of invalids. I will give one instance, which will suffice to illustrate. Mr. F., aged thirty-five years, suffering with indigestion, applied for treatment about the first of last January, normal weight 160 pounds, weight when he came to me 130 pounds, could not retain any food, at this time, on his stomach. I prescribed Horlick's food, in small quantities, dissolved in water, which he retained. After a time he could take raw eggs as a part of his diet. He has taken at least four dozen bottles of Horlick's food, and is now quite well and able to attend to his business. This was one of the worst cases of indigestion I have ever treated.

S. J. MARTIN, M. D.
Racine, Wis.

PRICE: 8 oz., 40 cents; 18 oz., 75 cents.

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Sample and Pamphlet sent free to anyone mentioning the Brief.

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Put up in 1, 5, 10, 25, 50, and 100 Pound Cans.

Samples Furnished on Application.

☞The Post-Office Laws forbid anything of an oleaginous nature being sent through the mails.

In chemical composition, Cosmoline [Unguentum Petrolei] is an oleaginous hydrocarbon, corresponding to the heavy petroleum oils, and containing a large amount of the paraffines and olefines of the formulæ $C_{16}H_{34}$ and $C_{16}H_{32}$. It contains but a small percentage of the paraffines and olefines, corresponding to the formulæ C_7H_{16} and C_7H_{14}, respectively, and the offensive and irritating properties of the crude oil have been carefully removed. In the process of purification, no acids, alkalies, or other chemicals are employed, and no injurious additions of any kind are made to the natural product. The result is a semi-solid, translucent substance, with a faint odor, and unctuous feel

Cosmoline [Unguentum Petrolei] melts at about 100° Fah. (38° Cent.); and boils at about 625° Fah. (329° Cent.); its specific gravity is about 0.875 at 60° Fah.

As it contains no oxydizable or organic matter capable of change by putrefaction or fermentation, and is absolutely without affinity for moisture, it offers to the profession an admirable unguent, which can never decompose, ferment, or become rancid in any climate or temperature.

291 Madison Avenue, New York, February 26th, 1878.

I have examined the preparations of Cosmoline as manufactured by E. F. Houghton & Co., Philadelphia, and believe them well adapted to the purposes for which they are designed. As lubricants, and as the bases of simple or medicated ointments, they have a decided advantage over the fixed oils and fatty substances in ordinary use, in that they do not become rancid, and do not acquire irritating qualities from atmospheric exposure.

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Emeritus Professor of Clinical Surgery in the University of New York, Visiting Surgeon to Presbyterian Hospital, etc.

MESSRS. E. F. HOUGHTON & CO.: 218 South Sixteenth Street, Philadelphia, July7th, 1880

Gentlemen—The petroleum product prepared by you and supplied to physicians under the name of Cosmoline [Unguentum Petrolei], was first brought to my notice while I was Resident Physician in the Pennsylvania Hospital, and it at once commended itself to me as a bland emollient, as an elegant substitute for Carlon oil in burns and scalds, as a protective in excoriations and certain diseases of the skin, and as an excipient in the place of lard for applications to the eye and ear. For the last five years I have used the plain Cosmoline, both in Hospital and private practice, in Gynecological and Obstetrical cases, with perfect satisfaction, and consider it much superior to Olive Oil, which is so generally used. Carbolated Cosmoline is a useful combination, but the rose-scented Cosmoline is, beyond all question, a work of art, which cannot be too higly commended. I have the honor to be, Very respectfully yours,

FRANK WOODBURY, M. D.,
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MESSRS. E. F. HOUGHTON & CO.: Philadelphia, July 10th, 1880.

I have for a number of years made extensive use of Cosmoline [Unguentum Petrolei] and consider it a most valuable article for surgical purposes. Either as a dressing by itself, or as a vehicle for the application of medicants, it is greatly superior to lard or other fatty matters, especially by reason of its non-liability to change by time or temperature. Yours truly,

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MESSRS. E. F. HOUGHTON & CO.: 1031 Walnut St., Philadelphia.

I have used extensively Cosmoline [Unguentum Petrolei] both in Dispensary and private practice, with very great satisfaction. As a vehicle for making ointments it is invaluable, and far superior to lard, for the reason that it will not become rancid or undergo chemical change like the latter, when exposed to the atmosphere. I cannot too highly commend it as an application in various skin diseases.

Yours truly, JOHN V. SHOEMAKER, A. M., M. D.,
Physician to the Pennsylvania Free Dispensary for Skin Diseases.

MESSRS. E. F. HOUGHTON & CO.: 208 West 34th Street, New York.

Gents:—I fully appreciate the value of your Cosmoline, or Unguentum Petrolei, and prescribe it frequently in ointments. Fluid Cosmoline I have used constantly for several years, as a lubricant of urethal sounds. It is the cleanest oil I know of for this purpose. Yours truly, GEO. HENRY FOX.

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We take pleasure in calling the attention of the Profession to LACTOPEPTINE. After a long series of careful experiments, we are able to produce its various components in an absolutely pure state, thus removing all unpleasant odor and taste, (also slightly changing the color). We can confidently claim, that its digestive properties are largely increased thereby, and can assert without hesitation that it is as perfect a digestive as can be produced.

LACTOPEPTINE is the most important remedial agent ever presented to the Profession for Indigestion, Dyspepsia, Vomiting in Pregnancy, Cholera Infantum, Constipation, and all diseases arising from imperfect nutrition. It contains the five active agents of digestion, viz: Pepsin, Pancreatine, Diastase, or Veg. Ptyalin, Lactic and Hydrochloric Acids, in combination with Sugar of Milk.

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Sugar of Milk,	40 ounces.	Veg. Ptyalin or Diastase,	4 drachms.
Pepsin,	8 "	Lactic Acid,	5 fl. "
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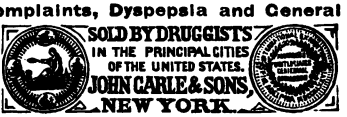
THIS justly celebrated Dietetic Preparation is, in composition, principally the GLUTEN derived from the WHITE WINTER FLINT WHEAT CEREAL, a solid extract, the invention of an eminent Chemist. It has not only been highly recommended but certified to by a large number of Chemists and Physicians--representing a very high degree of medical science--as the Safest, Most Acceptable and Reliable Food for the Growth and Protection of INFANTS and CHILDREN, and for MOTHERS lacking sufficient Nourishment for their offspring.

Unlike those preparations made from animal or vinous matter, which are liable to stimulate the brain and irritate the digestive organs, it embraces in its elementary composition--

THAT WHICH MAKES STRONG BONE AND MUSCLE.
THAT WHICH MAKES GOOD FLESH AND BLOOD.
THAT WHICH IS EASY OF DIGESTION--NEVER CONSTIPATING.
THAT WHICH IS KIND AND FRIENDLY TO THE BRAIN, AND
THAT WHICH ACTS AS A PREVENTIVE OF THOSE
INTESTINAL DISORDERS INCIDENTAL TO CHILDHOOD.

And, while it would be difficult to conceive of anything in Food or Dessert more Creamy and Delicious, or more Nourishing and Strengthening as an ailment in Fevers, Pulmonary Complaints, Dyspepsia and General Debility, its Rare Medicinal Excellence in all Intestinal Diseases, especially in Dysentery, Chronic Diarrhea and Cholera Infantum has been incontestably proven.



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FOR CONSUMPTION AND WASTING DISEASES.

HYDROLEINE

Has been proved of the highest value in CONSUMPTION and all WASTING DISEASES, invariably producing IMMEDIATE INCREASE IN FLESH AND WEIGHT.

Formula of Hydroleine.

Each dose of two teaspoonfuls, equal to 120 drops, contains:

Pure Cod Liver Oil, - 80 m. (drops.)	**Soda, - - - - - - - - - 1-3 grains.**
Distilled Water, - - 35 "	**Boric Acid, - - - - - - 1-4 "**
Soluble Pancreatin, - 5 grains.	**Hyocholic Acid, - - - - - 1-20 "**

DOSE—2 teaspoonfuls alone, or mixed with twice the quantity of soft water, to be taken thrice daily with meals

The principles upon which this discovery is based have been described in a Treatise on "THE DIGESTION AND ASSIMILATION OF FATS IN THE HUMAN BODY," by H. O. BARTLETT, Ph.D., F.C.S., and the experiments which were made, together with cases illustrating the effect of Hydrated Oil in practice, are concisely stated in a Treatise on 'CONSUMPTION AND WASTING DISEASES,' by G. OVEREND DREWRY, M.D.

In these Treatises the Chemistry and Physiology of the Digestion of the Fats a Oils is made clear, not only by the description of a large number of experiments scientifically conducted, but by cases in which the deductions are most fully borne out by the results,

☞COPIES OF THESE VALUABLE WORKS WILL BE SENT FREE ON APPLICATION.☜

HYDRATED OIL,

HYDROLEINE,

WATER AND OIL.

HYDROLEINE is readily tolerated by the most delicate stomachs, even when the pure Oil or the most carefully prepared Emulsions are rejected The Oil is so treated with pancreatin, soda, boric and hyocholic acids, that the process of digestion is partially effected before the organs of the patient are called upon to act upon it. Consequently it is readily assimilated. It will nourish and produce increase in weight in those cases were oils or fats, not so treat d, are difficult or impossible to digest. In consumption and other wasting diseases, the most prominent symptom is *emaciation*, of which the first is the starvation of the fatty tissues of the body, including the brain and nerves. This tendency to emaciation and loss of weight is arrested by the regular use of HYDROLEINE, which may be discontinued when the usual average weight has been permanently regained.

The permanence and perfection of the emulsion, and the extreme solubility of the HYDRATED OIL, solely prepared and sold by us under the name of HYDROLEINE, is shown by its retaining its cream like condition as long as the purest Cod-Liver Oil will retain its sweetness. Unlike the preparations mentioned, or simple Cod-Liver Oil, it produces no unpleasant eructation or sense of nausea, and should be taken in such very much smaller doses, according to the directions, as will insure its complete assimilation; this, at the same time, renders its use economical in the highest degree.

To brain-workers of all classes, Hydrated Oil is invaluable, supplying, as it does, the true brain food.

Economical in use—certain in result. Tonic—Digestive and Highly Nutritive.

NEW PRINCIPLE FOR THE ASSIMILATION. FAT.

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